Age Perfecting Treatments Limited

Tracey Bell Clinic

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 September 2015. The practice has one principal dentist and two associate dentists. There are two dental hygienist/ therapists, one dental nurse, a dental nurse trainee, and an operations assistant. The practice provides cosmetic dental services to private patients. The practice is open Monday and Saturday 9am – 5.30pm; Tuesday, Wednesday, Thursday and Fridays 9am – 6pm.

The principal dentist is the registered provider. A registered provider is registered with the Care Quality Commission (CQC) to manage the service. Registered providers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We viewed 11 CQC comment cards that had been left for patients to complete prior to our visit. All of the comment cards reflected positive comments about the staff and the services provided. Patients commented that the practice was clean and hygienic; they found the staff very friendly, courteous and professional. They had trust and confidence in the dental treatments and said explanations were clear and understandable.

The practice was providing care which was safe, effective, caring, responsive and well-led in accordance with the relevant regulations. Improvements were needed to ensure the practice was safe.

Our key findings were:

- The practice recorded and analysed accidents, incidents and complaints and discussed outcomes with staff.
- Some staff had received safeguarding training and all knew the processes to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.
- Staff had been trained to deal with medical emergencies and emergency medicines and emergency equipment were available.
- Infection control procedures were in place and the practice followed published guidance.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received verbal and written explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice staff felt involved and worked as a team.
- The practice sought feedback from staff and patients about the services they provided.

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

Summary of findings

- Record, analyse, report and review significant clinical incidents, events and near misses in a way that is specific to clinical events.
- Provide the safeguarding lead and other clinical staff with an appropriate level of training for their role.
- Staff are trained and updated regularly in infection prevention and control policies and procedures relevant to their role.
- Establish a process to assess performance of staff and develop individual training plans.
- Undertake and document cyclical clinical audits relevant to the practice and service provided
- Ensure checks of the emergency equipment are accurate and documented.
- Carry out an infection control audit on a regular basis to demonstrate compliance with current Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices (HTM01-05).
- Document clinical staff immunisation against Hepatitis B to demonstrate the immunisation had been effective.
- Document receipt of and actions in respect of all safety alerts.

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 and processes in place to ensure care and treatment was carried out safely. In the event of an incident, accident or complaint occurring, the practice documented and investigated it.

Some staff had received training in safeguarding and all knew who to report concerns to. The safeguarding lead who was the dentist had not received an appropriate level of training to undertake this role.

Staff were safely recruited and generally the required information was held in respect of persons employed by the practice. The practice demonstrated Disclosure and Barring service (DBS) checks were in the process of being obtained for staff.

Infection prevention and control policies and supportive procedures were in place. Dental equipment was decontaminated and sterilised according to legislation and guidance. However, an infection control audit had not been undertaken.

Radiation equipment was suitably sited and used by trained staff only. Local rules were displayed clearly where X-rays were carried out. Emergency medicines in use at the practice were stored safely and checked to ensure they did not go beyond their expiry dates. Sufficient quantities of equipment were available at the practice and were serviced and maintained at regular intervals.

Electronic dental records were secure.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations. Patients received an assessment of their dental needs including taking a medical history. Explanations were given to patients in a way they understood and risks, benefits, options and costs were explained. The practice kept detailed dental records of oral health assessments; treatment carried out and any changes in the patients' oral health. Records we reviewed and patients spoken with confirmed that patients were given oral health promotion advice appropriate to their individual needs.

National Institute for Health and Care Excellence (NICE) were considered in the delivery of dental care and treatment for patients. The treatment provided for patients was evidence based and focussed on the needs of the individual. Patients were referred to other services in a timely manner.

Are services caring?

We found that this practice was caring in accordance with the relevant regulations. Patients were treated with dignity and respect and their privacy maintained. Patients spoke highly of the care and treatment given. We saw that treatment was clearly explained and patients were provided with written treatment plans.

Are services responsive to people's needs?

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

Summary of findings

Patients had good access to convenient appointments at the practice. There were good dental facilities in the practice and there was sufficient well maintained equipment to meet the dental needs of their patient population. Appointment times were convenient and met the needs of patients and they were seen promptly. Information about emergency treatment and out of hours care was available on the website and given to patients to explain to patients about the services provided. The practice premises accommodated patients with a disability or lack of mobility.

There was a clear complaints system in place and evidence that demonstrated the practice had responded appropriately if an issue was raised.

Are services well-led?

We found that this practice was well-led in accordance with the relevant regulations. There was a leadership structure evident and staff felt supported by the principal dentist and other staff. Staff were supported to maintain their professional development and skills. The practice staff met regularly to review aspects of the delivery of dental care and the management of the practice however these meetings were informal and not documented. Patients and staff were able to feedback compliments and concerns regarding the service.

Some audits were undertaken, however these were mostly data collection and analysis and basic in detail. Health and safety risks had been identified and risk assessments were in place and reviewed.

Tracey Bell Clinic

Detailed findings

Background to this inspection

The inspection took place on 10 September 2015 and was conducted by a CQC inspector who was accompanied by a dental specialist advisor.

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. Prior to the inspection we asked the practice to send us some information which we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of their staff members, their qualifications and proof of registration with their professional bodies. We reviewed information we held about the practice.

During the inspection we spoke with the dentist, trainee dental nurse, the operations assistant and a patient. We reviewed policies, procedures and other documents. We reviewed 11 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had procedures in place to report and investigate incidents, accidents and complaints. Staff were aware of how to report incidents both internally and to the relevant safety authorities and were encouraged to bring safety issues to the attention of the dentists. The practice had a no blame culture and policies were in place to support this. The practice did not have a format for recording significant clinical events. We saw evidence that these were reported and investigated as accidents or incidents, however full analysis of significant events did not take place and there was no evidence of annual review of significant events in order to learn from themes or trends and improve clinical safety. Staff told us they received feedback informally from complaints and incidents that had occurred and were able to discuss a recent incident and the outcomes.

There was a policy and procedures in place for responding to complaints. These set out how complaints and concerns would be investigated, responded to and how learning from complaints would be shared with staff.

National patient safety alerts were disseminated by the practice manager to relevant staff. We saw evidence of the recent guidance on Ebola displayed in the practice. (Ebola is a contagious viral infection causing severe symptoms and caused an epidemic in West Africa). However we found that safety alerts were not documented as being received or actioned.

Reliable safety systems and processes (including safeguarding)

The practice had a local practice policy and procedures in place for safeguarding and protection of vulnerable adults and children that was current and up to date. The policy did not refer to, nor did the practice have access to, the local safeguarding (Liverpool) authority's policies for safeguarding vulnerable adults and children. However they did have access relevant contact details for advice and to raise concerns. Staff we spoke with were aware of the policy and who to raise concerns to. They were able to demonstrate that they understood the different forms of abuse and how to raise concerns. Staff had received training in safeguarding adults and children. One of the dentists had a lead role in safeguarding to provide support and advice to staff and to oversee safeguarding procedures within the practice. However they had not received an appropriate level of training recommended by professional guidelines for their role. The practice had a whistleblowing policy in place. Staff spoken with on the day of the inspection told us that they felt confident that they could raise concerns and these would be dealt with appropriately.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. We saw dental care records were in electronic format. They contained a medical history that was obtained and updated. The clinical records we saw were all well-structured and contained good detail demonstrating what treatment had been prescribed or completed, what was due to be carried out next and details of any possible alternatives.

Medical emergencies

The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received basic life support training. Staff we spoke with were able to describe how they would deal with medical emergencies.

Emergency medicines and oxygen were available. This was in line with the 'Resuscitation Council UK' and 'British National Formulary' guidelines. The practice had an automated external defibrillator (AED) as part of their equipment. (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). AEDs are recommended as standard equipment for use in the event of a medical emergency by the Resuscitation Council UK. We checked the emergency medicines and found that they were of the recommended type and were all in date. We saw that medicines and equipment were checked to monitor stock levels, expiry dates and ensure that equipment was in working order. However we found that the pads for use with the defibrillator had exceeded their use by date. This was brought to the attention of the dentist at the time who told us they would rectify this immediately.

Staff recruitment

The practice had a recruitment policy and procedure in place that generally was in line with current guidance and regulations.

Are services safe?

Staff records we reviewed demonstrated that all clinical staff were in the process of having a Disclosure and Barring Service (DBS) check. (These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post). This should have been done prior to employment. Clinical staff had evidence of registration with their professional body (the General Dental Council) and indemnity insurance. We found that overall staff files lacked some of the information required relating to workers, for example not all the hepatitis immunisation records for clinical staff was available.

Newly employed staff had an induction to familiarise themselves with the way the practice ran, before being allowed to work unsupervised. We saw this induction was documented in staff records.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. The practice had a system in place to cover staff absences.

Monitoring health & safety and responding to risks

A health and safety policy was in place and risk assessments had been undertaken. The risks to staff and patients had been identified and control measures were in place to reduce them. There were also other policies and procedures in place to manage risks at the practice. These included infection prevention and control, a Legionella risk assessment, and fire safety risk assessment and procedures. A Legionella risk assessment is a report by a competent person giving details as to how to reduce the risk of the legionella bacterium spreading through water and other systems in the work place.

Staff told us that fire detection and fire fighting equipment such as fire alarms and fire extinguishers were regularly tested, and we saw records to demonstrate this. Fire safety training was undertaken and documented.

The practice did not have an emergency and business continuity plan in place. However they did have access to contact details for the maintenance and security service for the premises that provided a 24hour service in the event of an emergency or utilities failure.

Infection control

The practice was visibly clean, tidy and uncluttered. There was an overarching infection control policy in place and supporting policies which detailed decontamination and cleaning processes. There was an environmental cleaning schedule in place and cleaning was carried out by an employed cleaner. Responsibilities for cleaning the clinical areas during practice hours were identified as a role for the dental nurses and they were able to describe how they undertook this.

There was a nominated dental nurse who had responsibility for infection control and was the lead for decontamination in the practice. Staff had not received regular update training in infection prevention. The practice had not undertaken an infection control audit on a regular basis to demonstrate compliance with current Department of Health's guidance, Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices (HTM01-05).

We found that there were adequate supplies of liquid soaps and hand towels throughout the premises. Posters describing proper hand washing techniques were displayed in the dental surgeries, the decontamination room and the toilet facilities. There was a policy and procedure for dealing with inoculation /sharps injuries and this was displayed also in clinical areas. Sharps bins were properly located, signed, dated and not overfilled. A clinical waste contract was in place.

We looked at the procedures in place for the decontamination of used dental instruments. The practice had a dedicated decontamination room that was in line with published guidance. (HTM01-05) The decontamination room had defined dirty and clean zones in operation to reduce the risk of cross contamination. Staff wore appropriate personal protective equipment during the process and these included disposable gloves, aprons and protective eye/face wear.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM 1-05). On the day of our inspection, staff demonstrated the decontamination process and understood their responsibilities in relation to infection prevention and control. The practice cleaned their instruments manually and with an automatic washer. Instruments were then rinsed and examined visually with an illuminated magnifying glass and sterilised in an autoclave. At the end of the sterilising procedure the instruments were correctly packaged, sealed, stored and dated with the processing date. However the expiry date was not clearly identified.

Are services safe?

The equipment used for cleaning and sterilising was checked, maintained and serviced in line with the manufacturer's instructions. Daily, weekly and monthly records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff were well presented and wore clean uniforms. We saw and were told by patients that they wore personal protective equipment when treating patients. We saw evidence that one of the clinical staff had received inoculations against Hepatitis B and received regular blood tests to check the effectiveness of that inoculation. However there was no recorded evidence that the other clinical staff had been immunised. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a legionella risk assessment in place and conducted regular tests on the water supply. This included maintaining records and checking on the hot and cold water temperatures achieved.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and the X-ray sets. There were processes in place to ensure tests of equipment were carried out appropriately and there were records of service histories for the units and equipment tested.

We found that portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process which electrical appliances are routinely checked for safety.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use and these were rotated regularly. Emergency medical equipment was monitored regularly to ensure it was in working order and in sufficient quantities.

Radiography (X-rays)

X-ray equipment was used and X-rays were carried out safely and in line with local rules that were relevant to the practice and equipment. We noted that local rules were displayed in areas where X-rays were carried out. A radiation protection advisor and a radiation protection supervisor (the lead dentist) had been appointed to ensure that the equipment was operated safely and by qualified staff only. Those authorised to carry out X-ray procedures were clearly named in the documentation. This protected people who required X-rays to be taken as part of their treatment. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested serviced and repairs undertaken when necessary.

The dentist recorded the quality of the X-ray images and records were maintained. However full audits were not undertaken on a regular basis. This would ensure that they were of the required standard and reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each patient's circumstance to ensure it was safe for them to receive X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients attending the practice for a consultation received an assessment of their dental health after providing a medical history covering health conditions, current medicines being taken and whether they had any allergies.

The staff we spoke with and evidence we reviewed confirmed that care and treatment was aimed at ensuring each patient was given support to achieve the best health outcomes for them. The clinical staff were familiar with, and used current guidance for dentistry. We found from our discussions that staff completed, in line with The National Institute for Health and Care Excellence (NICE) and national dental guidelines, assessments and treatment plans and these were reviewed appropriately.

The dentists and patients we spoke with told us that each patient's treatment plan was discussed with them and treatment options explained. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures. The dental records were updated with the proposed treatment after discussing options with the patient.

We reviewed 11 comment cards and spoke to one patient on the day of inspection. Feedback we received reflected that patients were satisfied with the assessments, explanations and the quality of the treatment.

Health promotion & prevention

The waiting room/reception area at the practice contained literature that explained the services offered. In addition, there was information about effective dental hygiene and how to reduce the risk of poor dental health, this included information on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health. Patients told us that the dentists, dental hygienist/ therapists and dental nurses gave them good advice and information about dental health.

Staffing

The practice had a principal dentist and two associate dentists, a dental nurse, a trainee dental nurse and an operations assistant. Dental staff were appropriately trained and registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a compulsory requirement of registration as a general dental professional and its activity contributes to their professional development.

Staff training records demonstrated staff had received basic training in core topics such as basic life support skills, safeguarding and fire safety. However staff did not have regular update training in infection control. Staff were expected to maintain their own training records and CPD requirements. Staff we spoke with told us that they were supported in their learning and development and to maintain their professional registration.

We found that staff appraisals had not been taking place on a regular basis to discuss performance and development planning. Staff spoken with said they felt supported by other staff and that the dentists were supportive and always available for advice and guidance.

Working with other services

There was engagement with other dental and healthcare providers to coordinate care and meet patients' needs. The practice had systems in place to refer patients to other practices or specialists. This included for suspected cancers in accordance with cancer referral guidelines.

Consent to care and treatment

Patients who provided feedback about the service told us they were given appropriate information and support regarding their dental care and treatment and to support treatment choice decisions. Patients told us they were given clear explanations and treatment options were discussed. The patients confirmed they understood and had consented to treatment. We saw that consent was documented in patient dental care records and treatment plans.

We discussed the practice's policy on consent to care and treatment with staff. The policy referred to the Mental Capacity Act 2005 and supporting guidance from the British Dental Association (BDA) was available. We saw evidence that patients were presented with treatment options and consent forms and treatment plans were signed by the patient. Clinical staff were aware of the implications of

Are services effective?

(for example, treatment is effective)

obtaining consent and of gaining consent in children and vulnerable adults. They had not received training in the Mental Capacity Act, however were able to demonstrate an understanding of it in relation to their work.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We observed that staff treated patients with dignity and respect and maintained their privacy. The reception area was open plan but we were told by staff that should a confidential matter arise, a private room was available for use.

Patients who provided feedback about the service reported that they felt that practice staff were kind, helpful and caring and that they were treated with dignity and respect at all times. Comments also told us that staff listened to concerns and provided them with good advice to make appropriate choices in their treatment.

Involvement in decisions about care and treatment

Comment cards we reviewed and the patient we spoke with told us that the staff were professional and care and treatments were always explained in a language they could understand. Information was given to patients enabling them to make informed decisions about care and treatment options. Staff confirmed that treatment options, risks and benefits were discussed with each patient to ensure the patient understood what treatment was available so they were able to make an informed choice. During appointments the dentist and dental hygienist/ therapists discussed patients' oral health with them and gave suggestions how this could be improved.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice's information leaflet, website and information displayed in the waiting areas described the range of services offered to patients and included information in relation to the complaints procedure. The practice offered private cosmetic dental treatment and the costs were clearly displayed.

Each patient contact was recorded in the patient's dental care record. Patients who were new to the practice completed a medical history and dental questionnaire. This enabled the practice to gather important information about their previous dental, medical and relevant social/ lifestyles history. They also aimed to capture the patient's expectations in relation to their needs and concerns which helped direct dentists to provide the most effective form of care and treatment.

Tackling inequity and promoting equality

The practice had an equality and diversity policy. Staff we spoke with were aware of these policies. They had also considered the needs of patients who might have difficulty accessing services due to mobility or physical issues. The practice was accessible to patients with reduced mobility and wheelchair users.

Access to the service

Appointment times and availability met the needs of patients. Patients who provided feedback about the service confirmed that they were able to access appointments that were convenient for them. The arrangements for obtaining advice outside of normal working hours, including weekends and public holidays were given to patients after treatment and included contact details for the dentists.

Patients who provided feedback about the service told us that there was no concerns regarding waiting times and that appointments usually ran on time. Patients commented that they had sufficient time during their appointment for discussions about their care and treatment and for planned treatments to take place.

Concerns & complaints

The practice had a complaint policy and procedure that explained to patients the process to follow, the timescales involved for investigation and the person responsible for handling the issue. It also included the details of external organisations that a complainant could contact should they remain dissatisfied with the outcome of their complaint or feel that their concerns were not treated fairly. However the policy did not contain information for patients regarding the Care Quality Commission to whom they may raise concerns. Staff we spoke with were aware of the procedure to follow if they received a complaint.

From information received prior to the inspection we saw the complaints received in the last 12 months. These had been logged and responded to appropriately.

Are services well-led?

Our findings

Governance arrangements

The practice had some governance arrangements in place to monitor and improve services.

The practice recorded and logged the X-rays taken, however there was no evidence of full audit of the radiographs or action plans in the event of issues identified. Clinical records audits had been undertaken. These were not complete audits with action planning and evidence of improved outcomes. An infection prevention and control audit had not been undertaken. We discussed this with the dentist who told us this would be undertaken as a priority.

Health and safety risk assessments were in place to help ensure that patients received safe and appropriate care and treatment.

There was a range of local policies and procedures in use at the practice. These included health and safety, infection prevention control, medical emergencies, patient confidentiality, disciplinary, whistleblowing and equal opportunities. Staff were aware of the policies and they were readily available for them to access. Staff spoken with were able to discuss many of the policies and this indicated to us that they had read and understood them. The policies were well organised and were signed by staff to indicate they had read and understood them.

Leadership, openness and transparency

The culture of the practice encouraged openness and honesty. Staff told us that they could speak with the practice's dentists or other senior staff if they had any concerns. They told us that there were clear lines of responsibility and accountability within the practice and that they were encouraged to report any safety concerns. Staff had lead roles in areas such as decontamination, radiography, safeguarding and complaints however these were not identified formally in the organisational structure.

All staff were aware of whom to raise any issue with and told us that the dentists and other staff listened to their concerns and acted appropriately. We were told that there was a no blame culture at the practice and that the delivery of high quality care was part of the practice ethos.

The practice had a displayed statement of purpose. Staff could articulate the values and ethos of the practice to provide high quality dental care.

Management lead through learning and improvement

Staff told us the practice supported them to develop through training and education. However we found that regular appraisals did not take place though staff told us they could speak with the dentists/senior staff at any time.

There was no training plan in place and training took place on an ad hoc basis. We saw that staff had received core training such as fire safety, basic life support skills and safeguarding. However there was no identified training or development plan for all staff which was monitored.

All dentists, nurses and dental hygienist therapists who worked at the practice were registered with the General Dental Council (GDC). The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the UK. Staff were encouraged and supported to maintain their continuous professional development (CPD) as required by the GDC.

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

The practice staff told us that patients could give feedback at any time they visited. They had a comments box situated in reception to allow patients to leave feedback to the practice. The practice carried out patient surveys. The practice had systems in place to review the feedback from patients who had cause to complain.

The practice met with staff informally however these meetings were not fully documented. Staff we spoke with told us that information was shared and that their views and comments were sought informally.