Aishwaryam Ltd

Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 16 March 2017 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

Dental Practice is situated in Waltham, South Humberside. The practice provides dental treatment to adults and children on an NHS or privately funded basis. The services include preventative advice and treatment and routine restorative dental care.

The practice has one surgery, a decontamination room, a waiting area and a reception area. All of the facilities are on the ground floor of the premises along with toilets.

There are two dentists (one who also works as a dental nurse and practice manager), one receptionist and a practice co-ordinator.

The opening hours are Monday to Thursday from 11:00am to 6:30pm.

One of the dentists 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.

During the inspection we spoke with three patients who used the service and reviewed one completed CQC

Summary of findings

comment card. The patients were positive about the care and treatment they received at the practice. Comments included the practice was clean and hygienic and staff were friendly, helpful and listened to their concerns.

Our key findings were:

- The practice was visibly clean.
- The practice had systems to help them manage risk.
- Staff were qualified and had received training appropriate to their roles.
- Improvements could be made to the practice's process for documenting evidence of informed consent.
- Oral health advice and treatment were provided in-line with the 'Delivering Better Oral Health' toolkit (DBOH).
- We observed patients were treated with kindness and respect by staff.
- The practice had a complaints system in place.
- Patients were able to make routine and emergency appointments when needed.
- Staff told us they felt supported, appreciated and comfortable to raise concerns or make suggestions.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's process for documenting evidence of informed consent.
- Review staff awareness of Gillick competency and ensure all staff are aware of their responsibilities.
- Review the practice's protocols for taking X-rays taking into account guidance provided by the Faculty of General Dental Practice "Selection criteria for Dental Radiography".
- Review the practice's risk assessment for the use of personal protective equipment (in particular eye protection).
- Review the practice's audit protocols for infection prevention and control to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

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?

No action

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

Staff told us they felt confident about reporting incidents and accidents.

Staff had received training in safeguarding at the appropriate level and knew the signs of abuse and who to report them to.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Rubber dam was not routinely used when providing root canal treatment to patients.

Staff were trained to deal with medical emergencies. All emergency equipment and medicines were in date and in accordance with the British National Formulary (BNF) and Resuscitation Council UK guidelines.

The decontamination procedures were effective and the equipment involved in the decontamination process was regularly serviced, validated and checked to ensure it was safe to use.

Patients were not provided with protective eye wear during dental treatment. A risk assessment had not been put in place to mitigate the risks

Are services effective?

No action

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

Patients' dental care records provided information about their current dental needs and past treatment. The practice monitored any changes to the patient's oral health and provided treatment when appropriate.

The practice followed some current guidelines when delivering dental care. These included National Institute for Health and Care Excellence (NICE) and guidance from the British Society of Periodontology (BSP). We noted the dentist did not follow guidance from the Faculty of General Dental Practice "Selection criteria for Dental Radiography".

The practice focused strongly on prevention and the dentists were aware of the 'Delivering Better Oral Health' toolkit (DBOH) with regards to fluoride application and oral hygiene advice.

Staff were encouraged to complete training relevant to their roles and this was monitored by the practice manager. The clinical staff were up to date with their continuing professional development (CPD).

Referrals were made to secondary care services if the treatment required was not provided by the practice.

We spoke with patients about whether options had been discussed about treatment options. They informed us these had not been discussed.

Staff were unsure about the concept of Gillick competency.

Summary of findings

Are services caring?

No action

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

During the inspection we spoke with three patients who used the service and reviewed one completed CQC comment card. The patients commented that staff were friendly, helpful and listened to their concerns.

We observed the staff to be welcoming and caring towards the patients.

We observed privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Are services responsive to people's needs?

No action

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

The practice had an efficient appointment system in place to respond to patients' needs. Patients commented they could access treatment for urgent and emergency care when required. There were clear instructions for patients requiring urgent care when the practice was closed.

There was a procedure in place for responding to patients' complaints. This involved acknowledging, investigating and responding to individual complaints or concerns. Staff were familiar with the complaints procedure.

The practice had made reasonable adjustments to enable wheelchair users or patients with limited mobility to access treatment.

Are services well-led?

No action

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

Staff felt supported and appreciated in their own particular roles. The registered manager was responsible for the day to day running of the practice.

Due to the small team regular minuted staff meetings were not held. Instead staff interacted on a daily basis in order to disseminate any information.

The practice team kept complete patient dental care records which were clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. Improvements could be made to the process for carrying out the infection prevention and control audit.

They were currently undertaking the NHS Friends and Family Test (FFT).

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 registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We informed the local NHS England area team that we were inspecting the practice. We did not receive any information of concern from them.

We spoke with two dentists and the practice co-ordinator. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

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 had guidance for staff about how to report incidents and accidents. Staff were familiar with the importance of reporting significant events. The practice used an accident book to record incidents and accidents. There had not been any entries in the book in the last 12 months. We discussed examples of significant events which could occur in dental practices. We were assured that should one occur it would be reported and analysed in order to learn from it.

The registered manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff told us they were aware of the need to be open, honest and apologetic to patients if anything was to go wrong; this is in accordance with the Duty of Candour principle.

The practice received and actioned national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and through the Central Alerting System (CAS).

Reliable safety systems and processes (including safeguarding)

The practice had child and adult safeguarding policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The registered manager was the safeguarding lead for the practice and all staff had undertaken level two safeguarding training.

We spoke to staff about the use of safer sharps in dentistry as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. A sharps risk assessment was in place for the safe re-capping of needles and the practice used a rubber needle guard for the safe re-capping on needles. We were told that the clinicians were responsible for handling local anaesthetic syringes.

The dentists told us they did not routinely used a rubber dam when providing root canal treatment to patients. The dentists told us they treated patients sitting upright whilst carrying out root canal treatment to prevent the patient inhaling a root canal file. This is not in line with guidance from the British Endodontic Society. 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.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns about colleagues without fear of recriminations.

We saw patients' clinical records were both computerised and paper based. Computerised records were password protected to keep personal details safe. Any paper documentation relating to patients' records were stored in lockable cabinets.

Medical emergencies

The practice had procedures in place which provided staff with clear guidance about how to deal with medical emergencies. Staff were knowledgeable about what to do in a medical emergency and had completed training in emergency resuscitation and basic life support within the last 12 months.

The practice kept an emergency resuscitation kit, medical emergency oxygen and emergency medicines. Staff knew where the emergency kits was kept. We checked the emergency equipment and medicines and found them to be in date and in line with the Resuscitation Council UK guidelines and the BNF.

The practice had an Automated External Defibrillator (AED) to support staff in a medical emergency. (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.).

Regular checks were carried out on the AED, emergency medicines and the oxygen cylinder. These checks ensured the oxygen cylinder was full and in good working order, the AED battery was charged and the emergency medicines were in date.

Staff recruitment

The practice had a policy and a set of procedures for the safe recruitment of staff which included seeking references, proof of identity, checking relevant qualifications and professional registration. We reviewed a number of staff files and found the recruitment procedure had been

Are services safe?

followed. The registered manager told us they carried out Disclosure and Barring Service (DBS) checks for all newly employed staff. These checks 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.

All clinical staff at this practice were qualified and registered with the General Dental Council (GDC). There were copies of current registration certificates and personal indemnity insurance (insurance professionals are required to have in place to cover their working practice).

Monitoring health & safety and responding to risks

A health and safety policy and risk assessments were in place at the practice. This identified the risks to patients and staff who attended the practice. The risks had been identified and control measures put in place to reduce them.

There were policies and procedures in place to manage risks at the practice. These had been completed in April 2012 and had not been updated.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, and dental materials in use in the practice. There was a safety data sheet for blood products which indicated they should be cleaned up with a blood spillage kit. A blood spillage kit on site had passed its expiry date and had been disposed of the week before. A new kit was on order.

Infection control

There was an infection control policy and procedures in place. The practice followed the guidance about 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)'. The registered manager was the infection control lead.

Staff had received training in infection prevention and control. We saw evidence some staff were immunised against blood borne viruses (Hepatitis B) to ensure the safety of patients and staff.

We observed the treatment room and the decontamination room to be clean and hygienic. Staff told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards. There was a cleaning schedule which identified and monitored areas to be cleaned. There were hand washing facilities in the treatment room and decontamination room. Posters promoting good hand hygiene were displayed to support staff in following practice procedures.

On the day of inspection we noted the dentists did not change out of their surgery clothes or shoes when leaving the practice. We saw them arrive and go out of the practice in their surgery clothes. We also noted one member of staff wearing gloves whilst collecting paper record cards from the reception desk. We were told these gloves were always clean. We discussed the need to consider best practice and change out of surgery clothes and not to wear gloves whilst in non-clinical areas.

We asked the dentist about what personal protective equipment (PPE) was provided for patients. We were told a bib was provided and saw these were available. We were told protective goggles were not provided and patients were asked to leave their own glasses on or close their eyes during treatments. Protective glasses are required to protect patients' eyes from spray or any dropped instruments; we did not see a risk assessment that detailed the practice response to this potential risk.

Decontamination procedures were carried out in a dedicated decontamination room in accordance with HTM 01-05 guidance. An instrument transportation system had been implemented.

We found instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The registered manager was aware of the decontamination process and demonstrated correct procedures.

The practice had systems in place for daily and weekly quality testing of the decontamination equipment and we saw records which confirmed these had taken place. There were sufficient instruments available to ensure the services provided to patients were uninterrupted.

An infection prevention and control audit had been carried out in February 2016 but related to out of date guidance, in addition this audit had no action plan. This audit had been signed on the rear of the form. We were told this indicated it had been checked and was still valid. The audit indicated the use of an ultrasonic bath. An ultrasonic bath was not currently being used by the practice.

Are services safe?

Records showed a risk assessment process for Legionella had been carried out (Legionella is a term for particular bacterium which can contaminate water systems in buildings). The practice undertook processes to reduce the likelihood of legionella developing which included running the water lines in the treatment rooms at the beginning and end of each session and between patients, monitoring cold and hot water temperatures each month and the use of distilled water.

Equipment and medicines

The practice had maintenance contracts for essential equipment such as X-ray sets, the autoclave and the compressor. We saw evidence of validation of the autoclave and the compressor. Portable appliance testing (PAT) had been completed in March 2017 (PAT confirms that portable electrical appliances are routinely checked for safety).

We saw the practice was storing NHS prescription pads securely in accordance with current guidance and operated a system for checking deliveries of blank NHS prescription pads.

Radiography (X-rays)

The practice kept documentation relating to the use of the X-ray machine. We saw a critical examination had been carried out on the X-ray machine in September 2012. We saw evidence that a routine test was booked to be carried out at the end of March.

A Radiation Protection Advisor (RPA) and a Radiation Protection Supervisor (RPS) had been appointed to ensure the equipment was operated safely and by qualified staff only. Local rules were available in the surgery. We saw a grade and a report was documented in the dental care records for all X-rays which had been taken.

X-ray audits were carried out. This included assessing the quality of the X-rays which had been taken. The results of the most recent audit undertaken confirmed they were compliant 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

The practice kept up to date detailed electronic and paper dental care records. They contained information about the patient's current dental needs and past treatment. The dentists carried out an assessment in line with recognised guidance from the Faculty of General Dental Practice (FGDP). This was repeated at each examination in order to monitor any changes in the patient's oral health. The dentists used NICE guidance to determine a suitable recall interval for the patients. This takes into account the likelihood of the patient experiencing dental disease.

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. Clinical records included details of the condition of the teeth, soft tissue lining the mouth, gums and any signs of mouth cancer. Records showed patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

Medical history checks were updated every time they attended for treatment and entered in to their electronic dental care record. This included an update on their health conditions, current medicines being taken and whether they had any allergies.

We spoke with the dentists about the FGDP guidance "Selection criteria for Dental Radiography". This provides guidance on when X-rays should be taken. We discussed with the dentists about taking bitewing X-rays. The log book used to document the number of X-rays taken by the practice indicated very few bitewings had been taken in the previous year. Bitewings are X-rays which show the upper and lower back teeth and are useful in assisting with the diagnosis of dental decay.

Health promotion & prevention

The practice had a strong focus on preventative care and supporting patients to ensure better oral health in line with the 'Delivering Better Oral Health' toolkit (DBOH). DBOH is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, the dentists applied fluoride varnish to the teeth of children who attended for an examination. High fluoride toothpastes were recommended for patients at high risk of dental decay.

The medical history form patients completed included questions about smoking and alcohol consumption. We were told by the dentist and saw in dental care records that smoking cessation advice and alcohol awareness advice was given to patients where appropriate. Patients were made aware of the ill effects of smoking on their gum health, the synergistic effects of smoking and alcohol with regards to oral cancer and the wider health implications. There were health promotion leaflets available in the waiting room to support patients.

Staffing

Staff told us they were encouraged to maintain the continuous professional development (CPD) required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going CPD.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient and in line with current guidance. For example, referrals were made to hospitals and specialist dental services for further investigations or specialist treatment including orthodontics, oral surgery and sedation.

The practice had a procedure for the referral of a suspected cancer. This involved sending an urgent letter the same day and a telephone call to confirm the letter had arrived.

The practice maintained a log of all referrals which had been sent. This allowed them to actively monitor their referrals.

Consent to care and treatment

We discussed with the dentists about their process for gaining informed consent from patients. The dentists told us they discussed risks and alternative options with patients prior to carrying out treatment. Patients were asked to sign a generic consent form which stated the dentist had discussed treatment options and risks associated with the treatment. Dental care records we saw showed there was no detail of what options or risks had been discussed. We asked patients who were undergoing a course of treatment if the dentist had discussed treatment options and the risks associated with the treatments and they told us these had not been discussed. Patients were provided with a treatment plan which included the cost of

Are services effective?

(for example, treatment is effective)

the treatment. Patients confirmed they were aware of the cost of the treatment prior to it being carried out. The dentists were aware consent could be removed at any point.

Staff had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to their dental treatment.

Staff were not aware of the concept of Gillick competency in conjunction with dental treatment for patients under the age of 16.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback from patients was positive and they commented they were treated with care, respect and dignity. Staff told us they always interacted with patients in a respectful, appropriate and kind manner. We observed staff to be friendly and respectful towards patients during interactions at the reception desk and over the telephone.

We observed privacy and confidentiality were maintained for patients who used the service on the day of inspection. This included ensuring dental care records were not visible to patients and keeping surgery doors shut during consultations and treatment.

We observed staff to be helpful, discreet and respectful to patients. Staff told us if a patient wished to speak in private an empty room would be found to speak with them.

Involvement in decisions about care and treatment

The dentists described to us how they involved patients' relatives or carers when they required dental treatment. Patients we spoke with felt they were not fully involved in decisions about care and treatment as treatment options were not discussed.

Patients were informed of the range of treatments available in the practice information leaflet and in leaflets in the waiting area. The costs of NHS treatments were displayed in the waiting area and surgery.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Staff told us patients who requested an urgent appointment would be seen the same day.

We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

Reasonable adjustments had been made to the premises to accommodate patients with mobility difficulties. These included a ramp to access the premises. The ground floor surgery was large enough to accommodate a wheelchair or a pram.

Access to the service

The practice displayed its opening hours on the premises and in the practice information leaflet.

Patients could access care and treatment in a timely way and the appointment system met their needs. The practice had a system in place for patients requiring urgent dental care when the practice was closed. Patients were signposted to the NHS 111 service. Information about the out of hour's emergency dental service was available on the telephone answering service and in the practice information leaflet.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. There were details of how patients could make a complaint displayed in the waiting room. The registered manager was responsible for dealing with complaints when they arose. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure responses were made in a timely manner. Staff told us they aimed to resolve complaints in-house initially. We reviewed the complaints which had been received in the past 12 months and found they had been dealt with in line with the practices policy.

Are services well-led?

Our findings

Governance arrangements

The registered manager was responsible for the day to day running of the service. There was a range of policies and procedures in use at the practice.

The practice had a system to identify where quality or safety was being affected**.** For example, we saw risk assessments relating to manual handling and the use of pressure vessels. These risk assessments had been put in place by the previous owners but had not been updated or reviewed since April 2012.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture within the practice and they were encouraged and confident to raise any issues at any time. These would be discussed openly and it was evident the practice worked as a team and dealt with any issue in a professional manner.

Learning and improvement

Quality assurance was used within the practice. Improvements could be made to the audit process for infection prevention and control. For example, an infection prevention and control audit had been carried out by the previous owner in February 2016 and related to out of date guidance. This audit did not have an action plan. This audit had been signed to indicate it had been checked regularly. The audit indicated the use of an ultrasonic bath. An ultrasonic bath was not currently being used by the practice.

Staff told us they were encouraged to maintain their continuous professional development as required by the General Dental Council.

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

The practice was carrying out the NHS Friends and Family Test (FFT). The FFT is a feedback tool which supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. The latest results showed that 98% of patients asked said they would recommend the practice to friends and family.