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Lee On Solent Hampshire known locally as Innovate Dental Studio

Inspection Report

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Overall summary

We carried out this announced inspection on 29 November 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They provided information which we took into account.

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 form the framework for the areas we look at during the inspection.

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?

Summary of findings

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Lee on Solent Hampshire known locally as Innovate Dental Studio is in Lee on the Solent and provides private treatment to patients of all age and NHS treatment to children.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available near the practice.

The dental team includes one dentist, one dental nurse, one dental nurse/practice manager, one dental hygienist, one dental hygienist therapist, one receptionist and one cleaner. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 10 CQC comment cards filled in by patients and spoke with five other patients. This information gave us a positive view of the practice.

During the inspection we spoke with one dentist, one dental nurse, one dental nurse/practice manager and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 9am to 5pm, Friday 9am to 3pm and Saturday 9am to 1pm on selected dates.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which did not reflect published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.

- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice did not have effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.

The practice dealt with complaints positively and efficiently.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulations the provider was not meeting are at the end of this report.

There were areas where the provider could make improvements. They should:

- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review availability of equipment such as an Automated External Defibrillator (AED) to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. The provider must ensure a risk assessment is undertaken if a decision is made to not have an AED on-site.
- Review stocks of medicines and equipment and the system for identifying, disposing and replenishing of out-of-date stock.

Summary of findings

- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

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 to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

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

Premises and equipment were clean and properly maintained. The practice did not follow national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as good care, excellent and helpful. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 15 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, kind and caring. They said that they were given great advice, helpful and caring explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Summary of findings

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The practice did not monitor clinical and non-clinical areas of their work to help them improve and learn.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. The practice had no specific medical storage fridge. The fridge which was used stored staff food and medical supplies, and was unmonitored according to guidelines. The practice manager made immediate arrangements to remove staff food and to commence fridge monitoring in line with guidelines.

We saw that the practice did not follow relevant safety laws when using needles and other sharp dental items. There were no sharps bins in each surgery. Unsheathed needles, loose suture needles and matrix bands were being transported in a box to the decontamination room for disposal. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance with the exception of an Automated External Defibrillator (AED). Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. The practice manager told us that following the introduction of additional services, the practice was reviewing the availability of an Automated External Defibrillator (AED) to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team. The practice manager told us that a risk assessment would be undertaken, there was not one in place at this time, if a decision was made to not have an AED on-site.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at all staff recruitment records. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments required amendments in relation to a fire risk assessment, sharps management, legionella due to recent building changes. The risk assessments in place were limited and did not cover recent building changes, in relation to fire and health and safety. The practice manager and principal dentist told that these would be updated to accommodate building changes to manage potential risk. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Are services safe?

We reviewed the Control of Substances Hazardous to Health (COSHH) Regulations 2002 file and saw that some material safety data sheets were out of date when newer versions were available.

The practice manager told us that the practice had undergone significant recent building changes and was unable to locate a current mains wiring safety certificate as required by regulation, and that arrangements would be made to have this carried out by January 2018.

A dental nurse worked with the dentist when they treated patients. The dental hygienists and therapist worked without direct dental nurse support. We spoke with the practice manager and principal dentist who told us that the practice would review lone working arrangements and provide practice policies and risk assessments, which were not currently in place, in line with General Dental Council guidelines.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They did not follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year. We spoke with a member of staff who demonstrated to us the procedures that they followed to decontaminate instruments. They did not follow recognised procedures for the cleaning, sterilisation and storage of instruments according to guidance. We spoke with the practice manager who told us that the practice would review decontamination procedures to ensure compliance with guidance.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments which were not in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice could not show us a mandatory infection prevention and control audit or provide an annual infection control statement to demonstrate that the practice was meeting the required standards. The practice manager and

principal dentist told us that the practice would immediately carry out an infection prevention and control audit, and would use external verification to support the audit, to improve practice decontamination procedures.

We saw that the practice used internally produced checklists for, decontamination procedures in the decontamination room which did not completely reflect guidance to ensure that sterile pouches were correctly sealed and dated. There were no records for treatment room checklists, fridge monitoring or reverse osmosis water production. The practice manager told us that the practice would obtain to commercially available check and recording lists which reflected guidance and 'best practice' and made immediate arrangements to order suitable materials by December 2018.

The practice had limited procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The legionella risk assessment had been carried out in 2015 by an external contractor and was due to be renewed in 2018. There had been changes to the practice construction and services provided since the original assessment had been completed. The practice manager said that the practice would obtain a new legionella risk assessment with a new external assessor to reflect building and service changes and monitoring requirements as the 2015 legionella risk assessment did not adequately reflect guidelines for dental practices, for example water temperature monitoring and recording.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. We did see that the practice compressor was overdue for service and pressure testing. The practice manager made immediate arrangements to have this carried out and also to ensure a management system was put in place to avoid this happening again.

We found out of date materials stored throughout the practice. The practice manager told us that new systems would be put in place to stop this happening in future.

Are services safe?

The practice had systems for prescribing, dispensing and storing medicines. The practice manager told us that the practice was adopting a new system of prescription management in line with guidance by January 2018.

The practice did not keep records of NHS prescriptions as described in current guidance. The practice manager told us that the practice would be adopting a new system of prescriptions management in line with regulations.

The practice had no system in place to monitor the medical storage fridge, which also included staff food. The practice manager made immediate arrangements to remove staff food and to commence fridge monitoring in line with guidelines.

The practice used a vacuum forming machine for the construction of parts for dental restorations and treatments. We could not be shown any registration details of the equipment with the Medicines and Healthcare Products Regulatory Agency (MHRA). The practice manager told us that this would be brought to the attention of the principal dentist to confirm registration details with the MHRA.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. The practice manager told us that the radiation protection advisor had changed in October 2017 and that the radiation protection file would be reviewed by the advisor in accordance with new regulations during January 2018.

We saw limited evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out radiography audits every year following current guidance and legislation. The practice manager told us that due to the small nature of the team external verification of audits was being considered to help improve the service.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice did not keep detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories, particularly concerning radiography justification. We saw that the practice did not audit patients' dental care records to check that the dentists recorded the necessary information. We spoke with the principal dentist about the need to carry out clinical record audits, preferably using independent verification due to the small nature of the team. The dentists assessed patients' treatment needs in line with recognised guidance.

Health promotion & prevention

The practice provided in preventative care and supported patients in ensuring better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, helpful and friendly. We saw that staff treated patients respectfully, appropriately and professionally; and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music could be played in the treatment rooms and there were magazines and a television in the waiting room. The practice provided drinking water on request.

Information folders were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as implant and orthodontic treatment.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff could also use videos to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us that they telephoned some patients before their appointment to make sure they could get to the practice.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. They took part in an emergency on-call arrangement with other local practices. The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received one complaint in the previous year. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service. The practice collected numerous written patient comments in the previous year, all of which were positive.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. The practice manager and principal dentist told us that they were recruiting additional members of staff to free up time for the practice manager to spend more time on practice management duties.

The practice had limited policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The practice manager told us that the practice was reviewing all practice policies and risk assessments in line with guidance due to the recent building and service changes.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had no quality assurance processes to encourage learning and continuous improvement. These did not include audits of dental care records and infection prevention and control, sharps management and out of date stocks. The audit for radiography was limited. They had no clear records of the results of these audits and the resulting action plans and improvements. The practice manager told us that they would be instigating a series of audit and external verification where possible.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used written and patient survey to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on by introducing an implant service and facial aesthetics.

Patients were encouraged to complete the NHS Friends and Family Test (FFT) and NHS choices. These are national programmes to allow patients to provide feedback on NHS services they have used.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not have effective systems in place to ensure that the regulated activities at Lee on Solent Hampshire known locally as Innovate Dental Studio were compliant with the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• The provider did not have the practice's infection control procedures and protocols take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'• The provider did not have the practice's sharps procedures in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.• The provider did not have the practices' Legionella risk assessment take into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and have regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'• The provider did not have practice audit protocols including audits of various aspects of the service, such as clinical records, radiography, mandatory infection prevention and control including, sharps management and out of date stocks and that these audits are undertaken at regular intervals to help

This section is primarily information for the provider

Requirement notices

improve the quality of service. The practice should also ensure, that where appropriate audits have documented learning points the resulting improvements can be demonstrated.

- The provider did not have practice risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities.