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Hillview Dental Centre

Inspection Report

Hillview Dental
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Overall summary

We carried out an announced comprehensive inspection on 31 July 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Hillview Dental is located in the London Borough of Lewisham, provides private and NHS dental services and treats both adults and children.

The staff structure of the practice is comprised of a principal dentist (who is also the owner), three dentists, one hygienist, two receptionists, two dental nurses and one trainee dental nurse.

Facilities within the practice include four treatment rooms, a dedicated decontamination area, and a reception area.

Our key findings were:

- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients were involved in their care and treatment planning.
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Patients told us that staff were caring and treated them with dignity and respect.

Summary of findings

- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.
- There was a clear vision for the practice. Governance arrangements were in place for the smooth running of the practice.

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 giving due regard to guidelines issued by the British Endodontic Society.
- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's protocols for monitoring the use of x-ray equipment giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review infection control procedure in regards to conducting legionella risk assessments, giving due regard to relevant guidance outlined in the Health Technical Memorandum 01-05.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice. The practice assessed risks to patients and managed these well. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice had a system that could document, investigate and learnt from it. The practice followed procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining references.

Are services effective?

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

The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) for example, in regards to dental recall intervals. Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's' medical and oral health. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice.

Staff were supported by the practice in maintaining their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

The feedback from the patients we spoke with was positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients had good access to routine and emergency appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. There was a complaints policy clearly publicised in the reception area. We saw that the practice responded to complaints in line with the complaints policy. There were arrangements to meet the needs of disabled people.

Are services well-led?

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

There was a clear vision for the practice that was shared with the staff. There were good governance arrangements and an effective management structure. There were regular meetings where staff were given the opportunity to give their views of the service. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. Patients were given the opportunity to provide feedback about the practice.

Hillview Dental Centre

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection on 31 July 2015. The inspection was led by a CQC inspector. They were accompanied by a specialist advisor.

We informed the NHS England local area team that we were inspecting the practice and did not receive any information of concern from them. The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

We spoke with seven patients on the day of the inspection. We also spoke with five members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 suitable processes around reporting and discussion of incidents. There had been no incidents over the past 12 months. We saw there was a system in place for learning from incidents. This was mainly through discussing incidents at team meetings. Staff were able to describe the type of incidents that would be recorded and the incident logging process.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months. Staff we spoke with were aware of the need for patients to be told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had a safeguarding policy. The policy included procedures for reporting safeguarding concerns and contact information for the local safeguarding teams. The policy had last been reviewed in March 2015 and was scheduled to be reviewed again in March 2016. Staff had completed safeguarding training that was refreshed on a regular basis. They were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. There had been no situation that needed to be referred for consideration to the safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having infection control, health and safety and safeguarding policies and risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example a manual handling risk assessment undertaken in April 2015 that recommended staff be trained in manual handling. We noted that the practice had acted upon what had been identified in the risk assessments.

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. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated regularly. Most of the dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient. For example, they contained details of any allergies that the patient might have that could affect their treatment. However, we found the practice did not always follow national guidelines in regards the use of a rubber dam for root canal treatments. We found some of the dentists were using cotton wool instead. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth].

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included Cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment. The kit contained most of the recommended medicines but did not contain Midazolam (used to treat epileptic seizures). The provider told us they would order Midazolam for the kit. We checked the medicines that were in the kit and we found that all the medicines were within their expiry date.

The emergency equipment included medical oxygen. However we found the staff did not have access to an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. There had been no risk assessment completed to assess the risks of not having this equipment. [An AED is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electric shock, known as defibrillation, which helps the heart re-establish an effective rhythm].

Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, obtain two references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service

Are services safe?

(DBS) checks. We saw that the provider had satisfactorily carried out all the necessary required checks for staff who worked in the practice including obtaining references for staff.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was continually being updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for manual handling, **display screen equipment** (DSE), radiation, first aid and environmental building issues. The assessments included the controls and actions to manage risks. For example in April 2015 a falls risk assessment advised staff to clear any spillages immediately to avoid the risk of falls.

The practice had a comprehensive business continuity plan to deal with emergencies that could disrupt the safe and smooth running of the service. The plan covered what to do in the event of issues such as access problems with the building the practice was based in, outbreak of fire and staffing issues. For example the plan included details of what to do in the event of the computer system breakdown. The plan detailed steps that had been taken to back up the computer.

Infection control

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included hand hygiene policy, clinical waste management and personal protective equipment. In addition to this there was a copy of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices- which is a guidance document from the Department of Health, for staff to refer to. There was however, no designated infection control lead in the practice.

There was a separate room for the decontamination of instruments. There was a clear flow from dirty to clean areas to minimise the risks of cross contamination. Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included cleaning instruments, carrying used instruments in a lidded box from the surgery and using an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping. However, we found that instruments were not pouched in one of the four surgeries. We saw that daily, weekly and monthly checks were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and in lockable bins but the bins were in an area accessible to the public. The bins were collected every two weeks by a clinical waste contractor.

The surgery was visibly clean and tidy. There were stocks of PPE (personal protective equipment) for both staff and patients such as gloves and aprons. We saw that staff wore appropriate PPE. Hand washing solution was available. However, we found that a Legionella risk assessment had not been completed and we did not find any immediate plans in place to carry out an assessment.

There was a cleaning plan, schedule and checklist, which we saw were completed and signed by the principal dentist. Cleaning equipment and materials were stored appropriately in line with Control of Substances Hazardous to Health 2002 (COSHH) regulations.

Staff gave us assurances that any issues picked up in their infection control procedures would immediately be rectified.

Equipment and medicines

We found 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 X-ray equipment. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety.

The practice had clear guidance regarding the prescribing, recording and stock control of the medicines used in the practice. Prescriptions were securely stored. The medicines stored at the practice were those found in the medical emergency box.

Radiography (X-rays)

Are services safe?

The practice had not named a radiation protection supervisor (RPS). The RPS is usually a dentist or dental nurse who is radiography qualified and is appointed to ensure compliance with Ionising Radiation Regulations (IRR) 1999 and the local rules. An external advisor however did cover the role of radiation protection adviser (RPA).

The practice had records in their radiation protection file demonstrating maintenance of x-ray equipment. We saw that local rules were displayed in the surgeries. We saw that clinical staff had received radiation training. However we found that the practice had completed an insufficient number of critical examination tests. There were four units but only one test was seen. Staff told us that tests had been carried out on all the units but the practice manager, who was away, was the only one who had access to the records.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) guidance, for example in regards to dental recalls. The practice were aware of and utilising the Delivering Better Oral Health Tool-kit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

During the course of our inspection we checked dental care records to confirm the findings. We saw evidence of comprehensive detailed assessments that were individualised. This included having an up to date medical history, details of the reason for visit, medical alerts, and a full clinical assessment with an extra and intra oral examination. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. Information about the costs of treatment and treatment options available were also given to patients.

Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking and alcohol intake. Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive care advice on tooth brushing and oral health instructions as well as smoking cessation, fluoride application, alcohol use, and dietary advice.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. This was to ensure that patients received high quality care as a result. The practice used a variety of ways to ensure development and learning was undertaken including both face to face and e-learning. Examples of staff training included core issues such as health and safety, manual handling, safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice. We saw that the practice maintained records that detailed training undertaken and highlighted training that staff needed to undertake. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours.

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. For example, referrals were made to external practices for orthodontics and minor oral surgery. Dental care records we looked at contained details of the referrals made and the outcome from the referrals that were made.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We spoke with seven patients. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients mentioned that they understood and consented to treatment. This was confirmed when we reviewed dental care records and noted signed consent forms for treatment and details of treatment options patients had been given.

Staff had received training on the Mental Capacity Act (MCA) 2005. The MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with seven patients. All the feedback we received was positive. Staff were described as caring, informative and helpful. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of NHS dental charges and private fees. We also saw that the practice had a website that included information about dental care and treatments, costs and opening times. We also saw that the practice had a screen up in the reception area that detailed the different treatment options available.

Staff told us that treatments, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice. The dentist told us they would explain the planned procedures to patients using visual aids when necessary. They were also shown this on a radiograph where applicable. Patients were then able to decide which treatment option they wanted.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients and that patients could generally book an appointment in good time to see a dentist. Patients we spoke with confirmed that they felt they could get appointments when they needed them.

There were vacant appointment slots to accommodate urgent or emergency appointments. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. We saw that patients were given double appointments when it was deemed necessary.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services that included access to telephone translation services. The building was accessible to people in wheel chairs and staff were able to explain how they provided a service to people with learning disabilities. For example one dentist explained how they would use pictures to explain treatments to some people with learning disabilities.

Access to the service

The practice displayed its opening hours on the practice website. Opening times were also displayed at the front of the practice. There were clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were on the telephone answering machine as well.Patients we spoke with felt they had good access to the service.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy and information for patients about how to complain was available in the reception area. The policy had last been reviewed in May 2015. There had been two complaints logged in the last year and they had been dealt with in line with the advertised policy. The provider's complaints policy however did not include contact details of external organisations that patients could contact if they were not satisfied with the provider's response to a complaint.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, complaints and consent policy. Staff told us they felt supported and were clear about their areas of responsibility.

Staff told us meetings were held monthly to discuss issues in the practice and update on things affecting the practice. However staff told us that no notes were taken of the meetings.

Dental care records we reviewed were stored as paper-based records and computerised. The records were complete, legible and accurate and stored securely in a locked room and on computers that were password protected.

The principal dentist undertook quality audits at the practice. This included audits on health and safety, cleaning and clinical records. We saw that action plans had been drafted following audits and actions taken as necessary. For example we saw that an audit of records had been undertaken in June 2015 and results discussed with the staff. However, we noted that the record keeping related to dental care records was not standardized or monitored appropriately by the practice, some notes were comprehensive, others had not recorded everything e.g., no radiography grades were noted in some records.

Leadership, openness and transparency

Staff we spoke with said the vision of the practice was shared with them. Staff said they felt the principal dentist was open and created an atmosphere where all staff felt included. They described the culture encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so.

Learning and improvement

Staff told us they had good access to training. The principal dentist monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as on dental care records and X-rays, and audits of complaints and infection controls.

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

The practice had gathered feedback from patients through the practice website and through their own surveys. We also saw that the practice had carried out a survey of staff in February 2015. Staff interviewed were generally happy working for the practice. Some staff had made suggestions regarding how communication could be improved at the practice they told us that the principal dentist acted upon their feedback.