

Dentalserve. Net Ltd

HealthCare Elite

Inspection Report

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Overall summary

We carried out an unannounced focused inspection on 20 April 2016 to follow up on previous inspections carried out on 8 October 2015 to ask the practice the following key questions; Are services safe, effective, 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 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

We inspected the practice on 08 October 2015 and asked the provider to make improvements regarding Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment,

Regulation 18 HSCA (RA) Staffing and Regulation 17 HSCA (RA) Regulations 2014 Good governance. We checked these breaches as part of the focused inspection on 20 April 2016.

Healthcare Elite provides private dental treatment from their clinic in Gravesend Kent. The dental treatment provided is general and cosmetic dentistry. The practice mostly provides treatment for adults but has a small number of patients that are children.

Practice staffing consist of the principal dentist who is also the owner a registered manager who is the practice manager, two dentists, two dental nurses (one qualified and one student, and a hygienist. 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.

The practice opening hours are 9am to 5pm Monday, Wednesday and Thursday

9am to 8pm Tuesday, 9am to 4pm Friday and 9am to 1pm Saturdays.

Our key findings were:

- The practice had systems and processes to monitor the safe management of medicines and materials

Summary of findings

- The practice had implemented systems to ensure that out of date and expired instruments and materials were re-processed and/or disposed of.
- The practice had carried out audits in key areas, such as infection control, record keeping and the quality of X-rays.
- There were systems in place to check all equipment had been serviced and maintained regularly, including the steriliser and the X-ray equipment.
- Dental care records were consistent and contained accurate information of the treatments provided to patients.
- Staff followed the appropriate decontamination process of instruments according to national guidelines. And monitored all aspects of the infection control procedures.
- Staff had received further training appropriate to their roles and were supported in their continued professional development (CPD).

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 provided evidence of shared learning in the format of practice meeting minutes with regards to significant events and the Reporting of Injuries, of Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice was meeting the HTM01-05 essential requirements for decontamination of instruments in dental practices. The dental nurses followed the correct process of instrument decontamination in line with the requirements.

The practice was able to demonstrate that they were equipped to deal with a medical emergency by means of obtaining medicines and equipment recommended by the Resuscitation Council guidance for dental practices and staff had attended basic life support training.

Staff had received training in safeguarding both children and vulnerable adults and could explain the process they would follow in the event of any form of abuse being suspected.

Information in dental care records had improved significantly and this was being monitored for consistency.

Radiography was being carried out in line with current regulations

No action



Are services effective?

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

The dental care records we looked at were clear and contained appropriate information about patients' dental treatment. This included reference to evidence based care and was individualised to the patient's needs.

We saw evidence that staff had received professional development appropriate to their role and learning needs.

No action



Are services responsive to people's needs?

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

Dental care records contained documentation of a full examination of patient's oral health status before any treatment was prescribed or carried out.

No action



Are services well-led?

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

The practice had implemented a system to ensure that clinical governance arrangements were carried out routinely by means of an audit plan.

No action



Summary of findings

Audits in relation to infection control, dental care records, the quality of X-rays taken and rotation of stock had been implemented. We saw that there were documented learning points and actions some of which had been addressed and some were still ongoing.

Staff had attended practice meetings and where some could not attend, they were sent an email with the content of the meeting to ensure that all staff were informed.

Staff had received an appraisal with an assessment of further training needs and support.

HealthCare Elite

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The focused inspection was carried out on 20 April 2016 by a lead CQC inspector. The inspection was announced. We received an action plan from the provider and evidence of actions taken to address the breaches of regulation found at the last inspection.

During the inspection we spoke with the registered manager/ practice manager and one of the dental nurses.

We did not speak with any patients on this occasion. We looked around the premises and the treatment rooms. We reviewed a range of policies and procedures and other documents including dental care records, staff recruitment files, audits, X-ray documents, staff training, risk assessments and adherence to HTM01-05 guidance.

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

At the last inspection, systems and processes to identify and improve patient safety were informal. Staff spoken with were unsure how to raise a concern or what constituted a significant event. Staff could not demonstrate an understanding of their responsibilities in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff had not attended regular staff meetings which involved shared learning.

During this inspection, we saw evidence of recent shared learning in the format of practice meeting minutes with regards to significant events and RIDDOR. RIDDOR guidance was available for staff and seen in the practice folder. The practice had implemented a system to record, investigate and report on any significant event that may take place. We saw that this had been discussed at a recent staff meeting.

At the last inspection, staff we spoke with were unaware of what national patient safety alerts were or what information they might contain and their responsibilities to act on information contained in them.

At this inspection we saw that there was a system to receive national patient safety alerts, to share them with staff when relating to dentistry and to act on them where necessary.

Reliable safety systems and processes (including safeguarding)

At the last inspection, not all staff had completed safeguarding training. At this inspection we saw certificates for all members of staff who had completed both safeguarding children and vulnerable adults.

At the last inspection, the practice did not have a way of monitoring whether staff were up to date with their continuing professional development commitments. At this inspection, we were shown a training log which identified what training had been completed, training that was outstanding and dates for refresher training. This ensured that all staff were up to date.

At the last inspection, records did not reflect that care and treatment was planned and delivered in a way that was intended to ensure patients' safety and welfare. All dental

care records relating to examinations, consultations and dental treatment that we examined were not comprehensive or followed current guidance on record keeping.

During this inspection, we found that audits had been completed with regard to the content of dental care records and actions taken where information had not been recorded. The practice had produced a template for each treatment that the dentists could then complete with patient specific information and the template prompted particular recordings such as a patients oral cancer check. The results of these audits were discussed at clinicians meetings and staff were reminded of the Faculty of General Dental Practice (FGDP) guidance on record keeping which was available for staff to refer to.

Medical emergencies

At the last inspection, we found that some medicines for use in an emergency had passed their expiry date and some were missing/not available. There was also no maintenance log in place for the oxygen stored for use in medical emergencies.

At this inspection we found a full complement of medicines as advised by the Resuscitation Council for dental practices. All of the medicines held were in date and we saw the checking log to ensure that medicines were replaced before they expired. It was recorded in the checking log that the oxygen cylinder had been checked each week along with the medicines. Staff checked that the valve was working correctly and that the oxygen flow was correct.

Monitoring health & safety and responding to risks

At the last inspection it was found that the practice had some risk assessments that were out of date. For example, the fire risk assessment was dated as July 2013 and there were no records of portable appliance tests having been carried out.

During this inspection we found that an external company had been in and conducted a fire safety risk assessment in January 2016. This assessment had identified that the fire alarm was not routinely checked to make sure it was working effectively. Staff showed us their alarm check log book which demonstrated that the alarm was working and that they checked it every week. Potable appliance testing had also been carried out in January 2016.

Are services safe?

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health, sets out in detail the processes and practices which are essential to prevent the transmission of infections. During the previous inspection, we were not assured that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. The practice did not have a policy for single use dental instruments, or a process to identify when wrapped sterilised instruments were either processed or would expire.

During this inspection, we saw a new protocol for single use items that all staff had signed to indicate they had read the protocol and understood the contents. The practice had implemented a system to date reprocessed instruments consistently, it was decided that the date of sterilisation would be recorded on the pouches and that each month instruments stored in pouches would be checked to make sure that none of them had expired.

At the last inspection, the practice was unable to demonstrate that all relevant members of staff were up to date with infection control training. At this inspection we saw certification for all clinical staff for infection control training.

At the previous inspection we found an instrument which was heavily soiled was scrubbed but not reprocessed in the manner expected. We examined the instrument in question to find that debris remained visible. This instrument was intended for use with the contaminant still in place. At this inspection we did not find any instruments that appeared contaminated which were intended for use on patients.

At the last inspection we noted that sharps boxes were not signed and dated and a sharps injury protocol/risk assessment was also not available. At this inspection we saw that all sharps boxes in use and awaiting collection were dated and their point of use location recorded. We saw a sharps risk assessment along with a sharps policy which followed current guidance for the safe use of sharps. Staff we spoke with could tell us about the new policy and what they should do in the event of a sharps injury.

Equipment and medicines

At the last inspection, we found that not all medicines that we checked were within their expiry date. We found that some medicines had been removed from their original

packaging and had been placed in similar packaging with different expiry dates and batch numbers. Two other medicines had the expiry and batch number rubbed off, making it difficult to check whether it was within its expiry date. Other medicines were also found to be out of date or had the expiry date obscured.

At this inspection we checked all of the dental medicines and materials held at the practice. We did not find any expired medicines or materials in the stock room or the treatment rooms. Staff shared with us their system to identify medicines and materials that were due to expire so that they could replace and dispose of them.

At the previous inspection, it was found that when local anaesthetic agents were used during treatments this was not always recorded in the patients' dental care record. Records also showed that when the use of local anaesthetic agents were recorded in dental care records the staff were not recording the batch number of the medicine or its expiry date.

At this inspection we saw that anaesthetic agents were recorded when administered to patients. This included the type of anaesthetic used, the administration site, the outcome (if the numbing was successful, partial or unsuccessful) the number of cartridges used and the batch number and the expiry date. This was further monitored as part of the dental care records auditing programme.

At our previous inspection we found that the medicines refrigerator had not been subject to regular temperature checks to ensure that the medicines and materials contained within had been stored at the correct temperatures. Staff showed us that they had carried out daily checks to ensure that the temperature was consistent and that the medicines and materials were safe to use.

Radiography (X-rays)

During the last inspection it was found that the practice was not wholly working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). There was no quality assurance process of the quality and accuracy of X-rays which had been taken. The practice were partly using a process to monitor their own performance in relation to X-rays.

During this inspection, we found that the practice held a full radiation protection file which demonstrated the maintenance of the X-ray equipment along with a Health

Are services safe?

and Safety Executive (HSE) notification. We were shown a completed radiography audit for all three dentists. These had been graded, along with an evaluation and what improvements were needed, such as, the use of a beam aiming device to ensure consistency.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

At the previous inspection, the practice was unable to demonstrate that the dentists regularly assessed and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). The practice was also unable to demonstrate that they also recorded the justification, of X-ray images taken. At this inspection we looked at patient records that demonstrated that justification for each X-ray taken had been recorded. We were assured that the correct interval time frames were being adhered to as the FGDP guidance was available to staff for guidance. Staff we spoke with were able to demonstrate a good understanding of the guidance in relation to X-rays.

During this inspection, we found that patient's dental care records were clear and contained appropriate information about patients' dental treatment. The practice kept electronic records of the dental care given to patients. We asked one of the dentists to show us how they recorded information in patients' dental care records about their oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. This included the recording of the patient's BPE score where relevant. These were repeated at each examination in order to monitor any changes in the patient's oral health. We also saw evidence in dental care records of the discussion of

treatment options, comprehensive treatment plans and an urgent oral cancer referral. We saw evidence in dental care records that the practice was adhering to current National Institute for Health and Care Excellence (NICE) guidelines when deciding how often to recall patients for examination and review.

Staffing

At the last inspection we found that there was not a team approach to learning and development. Staff told us that it was down to the individual to source their own training in core subjects and there had been no monitoring to ensure that this was completed. Subsequently we found that some staff had allowed for their training in key areas such as infection control and safeguarding to lapse.

During this inspection, we saw that this had been addressed by means of a training log and the provider procuring an online training programme which covered the core subjects and more. Staff demonstrated that they had completed training for infection control and safeguarding since our last visit.

At our previous visit we noted that there was no appraisal system used to identify training and developmental needs. At this inspection we were shown appraisal records for all staff with developmental plans and support structures identified. Staff spoken with said that this had been a useful tool and a forum for them to share their goals and give feedback.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During the last inspection, we found that the practice could not demonstrate that national guidance was being followed when delivering patient care or for the completion of dental records.

At this inspection, we were shown a recording template that covered all areas of different treatment options, by

using this template the clinician would be prompted to fill in all of the required areas associated with that particular treatment, such as an examination. These templates were editable to allow free text entry so as to make the records bespoke to the individual. As a monitoring programme had been implemented staff had been informed that should the patient records be found to be deficient or lacking in detail this would lead to further training in record keeping or a disciplinary action being taken by the provider.

Are services well-led?

Our findings

Governance arrangements

At the last inspection, we found that the provider did not have effective governance arrangements at the practice.

During this inspection, we found that the practice policies had been updated and reviewed by all members of staff. We saw evidence that policies had been discussed during practice meetings. The practice manager had taken the responsibility of ensuring that the policies were updated when necessary. The practice had carried out audits in relation to the quality of X-rays, infection control and dental care records. There was an overarching governance programme which planned out the whole year, when audits and re-audits were due, when policies and procedures were due for review and when staff appraisals were due to be held. The programme included training requirements and staff hepatitis B status and recalls.

The practice had undertaken regular meetings involving all of the staff since the last inspection and records of these meetings were retained. Staff told us that during staff meetings, patient-centred actions were discussed and shared learning regularly took place.

Leadership, openness and transparency

The registered manager was responsible for the day to day running of the practice. We found at the last inspection that the registered manager had been absent for a period of 10 months and had not notified CQC as is required under the registration regulations. At this inspection we were told by staff that the practice manager was a physical presence in the practice. Staff also confirmed that they were now aware that absence of the registered manager or provider is notifiable to CQC. Arrangements had been made for the delegation of management duties in the event that the manager was absent. We saw that there was a more structured approach to leadership and staff told us that this had been a positive change.

Management lead through learning and improvement

At the previous inspection it was found that the practice did not have a formalised system of learning and

improvement. There was no schedule of audits. Staff had not attended a recent staff meeting and there was no formal mechanism to share learning. During this inspection, we saw evidence to demonstrate that regular staff meetings and shared learning had taken place. Staff meeting minutes showed that a practice meeting had taken place on 4 February 2016. Shared learning meetings had taken place on a regular basis since the last inspection and included discussions regarding child protection, complaints, safe practice, medical emergencies, waste disposal, single use items, sedation, staff training and infection control.

The registered manager had attended various training courses and completed additional continued professional development. This included topics such as standards for the dental team, delivering better oral health, the reflective practitioner and complaints handling.

At the last inspection the practice was unable to demonstrate how information was shared with staff. Previously this had been an informal arrangement and therefore difficult to ensure that things were followed up or concluded. We were shown detailed practice meeting minutes where complaints, infection control, current audits and their findings and accidents had been discussed.

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

At our last inspection the practice could not demonstrate that patients or staff had the opportunity to influence the service. We were shown some patient satisfaction survey results that had not been collated and there were no records to demonstrate any suggestions for improvements identified by the survey had been considered or actioned by the practice.

At this inspection we were able to see that staff did have the opportunity to have their say and to influence change by means of practice meetings and appraisals. Patients were offered the opportunity to feedback via the patient survey, the practice website or via a suggestion box. We looked at patient feedback collected since our last inspection; this showed that patients were happy with the service they received.