

The Cosmetic Dental Practice Ltd

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Inspection Report

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Overall summary

We carried out this announced inspection on 27 June 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 and Healthwatch that we were inspecting the practice. We did not receive any information of concern from them.

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?

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

Background

The Cosmetic Dental Practice Limited is in Grimsby and provides NHS and private treatment to adults and children.

Summary of findings

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

The dental team includes three dentists, three dental nurses, one dental hygiene therapist, one receptionists and a practice manager (who is also a qualified dental nurse). The practice has two treatment rooms.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. At the time of the inspection the practice did not have a registered manager in post.

On the day of inspection we received feedback from two patients. This information gave us a positive view of the practice.

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

The practice is open:

Monday to Friday from 9:00am to 5:00pm

Saturday from 10:00am to 2:00pm

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Minor adjustments were needed to the availability of medicines and equipment for medical emergencies.
- The practice's process for managing risk could be improved.
- The practice had suitable safeguarding processes and staff knew the signs and symptoms of abuse and felt comfortable to report these to the relevant authorities.
- The practice's recruitment procedures were not effective. Four members of staff did not have a Disclosure and Barring Service (DBS) check.
- 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.
- Staff did not feel supported by the practice owners and there was not an effective management structure.
- The practice asked patients for feedback about the services they provided. Patient opinion was not fed back to the relevant organisations.
- The practice dealt with complaints positively and efficiently.

We identified regulations that were not being met and the provider must:

- Ensure the practice's sharps handling procedures and protocols are in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure audits of various aspects of the service, such as radiography and infection prevention and control are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure the provider appoints a registered manager to manage the regulated activities at the location.

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 and should:

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA).

Summary of findings

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK) and the British National Formulary.
- Review the security of prescription pads in the practice and ensure there are systems in place to monitor and track their use.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Establish whether the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulation (IRMER) 2000.

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 some systems and processes to provide safe care and treatment. There was not an effective system in place to report and record significant events and the practice did not receive MHRA alerts.

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 had completed some recruitment checks. We noted four members of staff did not have a DBS check.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies. Minor adjustments were needed to the availability of medicines and equipment for medical emergencies.

A copy of the local rules in the radiation protection folder had not been completed. The local rules in the surgery had not been updated to reflect the fact a new X-ray machine had been fitted.

Prescription pads were not stored securely when the practice was closed.

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 a very pleasant experience. 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.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from two people. Patients were positive about all aspects of the service the practice provided. They told us staff were helpful and nice. 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.

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 had access to interpreter services and had arrangements to help patients with sight or hearing loss.

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. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

At the time of inspection a registered manager had not been appointed for over 18 months.

The practice had limited arrangements to ensure the smooth running of the service. The practice team did not feel supported by the practice owners. Staff were unsure of their roles and responsibilities.

Clinical governance was not embedded in the practice.

Risk assessment was not embedded within the culture of the practice. For example, a fire and environmental risk assessment had been completed the week before the inspection and they were awaiting the results of these assessments.

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

Audits of X-rays and infection prevention and control had not been completed.

This included asking for and listening to the views of patients and staff.

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. No significant events had been documented. During the inspection we identified some incidents which could have been recorded as significant events. These included an incident which resulted in a day of patients having been cancelled.

The practice did not have a system in place to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). There was no evidence any alerts relating to dentistry had been received.

Reliable safety systems and processes (including safeguarding)

The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The policy did not state who the safeguarding lead was within the practice and staff were unsure who it was. Staff had an awareness of the signs and symptoms of 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. The whistleblowing policy did not have any contact details for external organisations.

The dentist told us they 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.

Minor improvements were needed to ensure emergency medicines and equipment available met current guidance. The practice did not hold appropriate medicines to treat an epileptic seizure and there was no spacer device for the salbutamol inhaler.

Staff carried out regular checks to make sure the emergency equipment and medicines were within their expiry date and in working order.

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 six staff recruitment files. We noted that four of these files did not contain a DBS check. Other documents relating to staff recruitment were available.

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

Monitoring health & safety and responding to risks

A health and safety and risk assessment folder had recently been introduced into the practice. Staff were not familiar with the contents of this folder and the risk assessments had not been completed. A fire and environmental risk assessment had been completed the week before the inspection and the practice were awaiting the report of the assessment.

We saw evidence of regular fire drills but staff advised us no smoke alarm tests had been carried out.

Staff were unaware if a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) existed within the practice. We were later advised a COSHH folder did exist.

Risks associated with the use of sharps were not in accordance with guidance. We saw a sharps risk assessment which stated the practice used safer sharps as per the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. When we spoke with staff they advised us they were not using these and the dentist often re-sheathed needles without a safety device, removed the needle and left it on the instrument tray to be disposed of by the dental nurse.

A dental nurse worked with the dentists and dental hygiene and therapist when they treated patients.

Are services safe?

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed 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.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments 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.

An infection prevention and control audit had not been carried out.

A Legionella risk assessment had been carried out the week before the inspection. The report for this assessment had not yet been received.

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.

The practice did not store NHS prescriptions securely when the practice was closed.

Radiography (X-rays)

The practice had some arrangements to ensure the safety of the X-ray equipment. There was a radiation protection file. We could not ascertain from this file who the radiation protection advisor was. A copy of the local rules in the radiation protection folder had not been completed. The local rules in the surgery had not been updated to reflect the fact a new X-ray machine had been fitted.

We saw evidence that the dentists justified, graded and reported on the X-rays they took.

An X-ray audit had not been carried out.

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 kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Health promotion & prevention

The practice provided preventative care and support to patients in line with the Delivering Better Oral Health toolkit.

The dentist 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.

The dentist told us they discussed smoking 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.

Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These 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.

Consent to care and treatment

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

The dentist understood their responsibilities under the act when treating adults who may not be able to make informed decisions. They also understood the concept of Gillick competence and were 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 were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were helpful and nice. We saw that staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

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 limited 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.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Each treatment room had a screen so the dentists could show patients X-ray images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients were sent a text message one or two days prior to their appointments as a reminder.

Tackling inequity and promoting equality

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

They had access to interpreter services which included British Sign Language and braille.

Access to the service

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

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. The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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. We found it still referred to the old practice manager as the complaints manager.

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 in the last 12 months. These showed the practice responded to concerns appropriately. Verbal discussions with patients were not documented.

Are services well-led?

Our findings

Governance arrangements

The provider has a condition on their registration stating “Cosmetic Dental Practice Limited must ensure that the regulated activities are managed by an individual who is registered as a manager in respect of that activity at or from all locations.” On the day of inspection there was no registered manager in place. We were told a registered manager was being recruited.

The practice manager was responsible for the day to day running of the service. Staff were unaware who the leads for individual roles were. For example, staff were unaware who the leads for infection control, radiation protection and safeguarding were.

A new set of policies and procedures had been given to the staff the week before the inspection. Staff were not familiar with these policies and were unable to find many policies when we asked to see them.

The practice’s approach to risk management was poor. For example, risks associated with the use of sharps were not well managed. A risk assessment folder had been given to the staff the week before the inspection. Staff were not familiar with these risk assessments. A fire, legionella and environmental risk assessment had been completed the week before the inspection. The practice was awaiting the findings of these risk assessments.

The practice did not have an effective system in place for the recruitment of staff. We identified that four members of staff did not have a DBS check.

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 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.

Staff did not feel supported by the practice owners. It was clear the practice owners provided very little support to staff with the day to day running of the practice. The practice owners were not present on the day of our visit.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates.

Learning and improvement

Audit and quality assurance processes were not embedded within the culture of the practice. There had not been any audits of X-rays or infection prevention control.

Staff told us they completed training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development.

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

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We saw evidence of completed FFT comment cards. These were all positive. The practice manager was not aware if the FFT results had been sent to the local area team.

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>How the regulation was not being met:</p> <p>The registered person does not have effective systems in place to ensure that the regulated activities at The Cosmetic Dental Practice Limited are compliant with the requirements of Regulations 4 to 20A of the Health and Social Care Act 2008 (Regulated Activities).</p> <ul style="list-style-type: none">• The provider did not ensure a registered manager was appointed.• The risks associated with the use of sharps had not been appropriately assessed or managed.• The risks associated with the carrying out of the regulated activities had not been appropriately assessed or managed.• The system for monitoring the quality of X-rays and infection prevention and control was not effective.• The provider did not ensure an effective system was in place for the safe recruitment of staff. <p>Regulation 17(1)</p>