iDental Limited

iDental - The Medical Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 19 December 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.

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 providing well-led care in accordance with the relevant regulations.

Background

iDental - The Medical Centre is located in Shepherds Bush and provides general and orthodontic private treatment to patients of all ages.

There is access for people who use wheelchairs and those with pushchairs.

The dental team includes a dentist, two dental nurses and a practice manager. The practice has one treatment room.

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.

Summary of findings

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. The registered manager at iDental - The Medical Centre was the principal dentist.

On the day of inspection we collected 33 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with the dentist, a dental nurse 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 9.00am to 7pm and Saturdays 8.00am to 8.00pm

Our key findings were:

- The practice was generally clean and tidy on the day of the inspection.
- The practice had infection control procedures which generally reflected published guidance, although improvements were required.
- Staff knew how to deal with emergencies and most of the recommended medicines and life-saving equipment were available, although there were some gaps.
- The practice had systems to help them manage risk.
- The practice had safeguarding processes in place but improvements were required
- The practice had staff recruitment procedures but improvements were required
- 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 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.

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

- Review practice's safeguarding policy and ensure the policy refers to both adult and children.
- Review the practice's system for 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 equipment 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.
- 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) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve. However improvements were required in regards to staff understanding of Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. However, improvements were required to the safeguarding policies in regards to ensuring it covered safeguarding vulnerable adults.

Staff were qualified for their roles at the practice.

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

The practice had arrangements for dealing with medical and other emergencies. However, improvements could be made to these arrangements.

Are services effective?

No action

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, efficient and good. The dentist 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.

Are services caring?

No action

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

We received feedback about the practice from 36 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, kind and friendly. They said that they were given helpful, honest 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.

Summary of findings

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?

No action

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

The practice took patients views seriously and had a complaints system in place.

Are services well-led?

No action

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

The practice had some governance arrangements in place to appropriately run the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

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

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

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. However improvements were required in regards to the practice staffs' understanding of incident reporting. The principal dentist told us that they would arrange refresher training for staff on RIDDOR.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The principal dentist told us they would make arrangements to sign up to the service.

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 in regards to children and young people. We saw evidence that staff received safeguarding training. However, the policy did not cover vulnerable adults.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. There was some emergency equipment and medicines available as described in recognised guidance. However there were gaps found on the day of the inspection. For example, there was no Midazolam- a recommended medicine as per current national guidelines. The oxygen cylinder's meter gauge was in red indicating that it was nearly empty. We pointed these issues out to the provider. They told us they would make arrangements to ensure the medical emergencies kit included the missing medicines and that the oxygen cylinder was filled. Following the inspection the practice confirmed that the missing medicines were now in the kit, and a full oxygen cylinder had been purchased. They also confirmed that improvements would be made to ensure checks were carried out appropriately to ensure medicines were available and equipment maintained in the future.

Staff recruitment

All the practice staff had been in post for a number of years. The practice showed us evidence that some recruitment checks had been carried out, including checks that clinical staff were qualified and registered with the General Dental Council (GDC). However improvements were required for example the principal dentist told us they had undertaken criminal record and references but kept no records of the checks they had undertaken. The practice did not have a staff recruitment policy for us to see on the day of the inspection. The principal dentist told us that the policy was kept at a central office. Following the inspection the provider sent us a copy of their recruitment policy.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments to help manage potential risk. These covered issues such a fire. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date. However improvements were required to the risk assessment system. For example the practice had not undertaken a risk assessment that covered general dental topics such as the use of equipment and trips and falls. The provider told us they would make arrangements for a general risk assessment to be carried out.

The provider told us that the Legionella risk assessment had been undertaken by the landlord who owns the building. A copy of the risk assessment that had been completed in October 2016 was shared with us.

A dental nurse worked with the dentist when they treated patients.

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 and staff completed infection prevention and control training.

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. However improvements were required to the

Are services safe?

process for example there was not an obvious system of zoning clean and dirty areas, the clinical areas were cluttered and improvements were required in regards to keeping records of checks to the water lines.

We spoke with the provider about these issues. They took us they would make improvements to the system. Following the inspection the provider confirmed that improvements had been made in regards to the clutter and zoning.

A down stairs toilet that was only accessible to staff was labelled as a clinical waste room but we observed staff using it as a toilet. We asked the provider about this, they told us that staff had been instructed not to use this toilet but to use a toilet located upstairs in the practice. Following the inspection the provider told us that they had met with staff to confirm that the downstairs toilet could only be used as a clinical waste room.

The practice had carried out an infection control audit in September 2017.

We saw cleaning schedules for the premises. The practice was generally clean when we inspected. Patients confirmed the practice was normally clean.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

Radiography (X-rays)

On the day of the inspection the provider's radiation protection file was not available for us to see. The principal dentist told us that the file was kept at a central office. Following the inspection the provider sent us a copy of the file.

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.

We saw evidence that the dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

The principal dentist told us clinical staff completed continuous professional development in respect of dental radiography. Records of these activities were not available for us to review on the day of the inspection but were sent to us following the inspection.

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 dentist assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentist recorded the necessary information.

Health promotion & prevention

The practice was providing preventative care and supporting patients to ensure better oral health

in line with the Delivering Better Oral Health toolkit.

The dentist 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

All the staff at the practice had worked there for a number of years. 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 principal dentist 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 dentist 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.

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 kindly and were friendly towards patients at the reception desk and over the telephone.

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

There were magazines and television in the waiting room.

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.

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 root canal.

The treatment room had a screen so the dentist could show patients photographs, videos and 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

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

The practice had an e 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.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included an accessible toilet with hand rails.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter translation services.

Access to the service

The practice displayed its opening hours on their website.

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

The website 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 principal dentist was responsible for dealing with these.

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.

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 had policies, procedures and some 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 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 offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately.

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 quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had records of the results of these audits and the resulting action plans and improvements.

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 patient surveys to obtain staff and patients' views about the service. All the patients surveyed during the May to September 2017 surveys were positive about the service (50 patients).