DS Studios Limited

DS Dental Studio

Inspection Report

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Overall summary

DS Dental Studio is a general dental practice in White City, London offering private dental treatment. The practice treats adults and children.

The premises consists of a waiting area on the ground floor, a reception area an accessible treatment room on the ground floor and two treatment rooms on the first floor. There is also a separate decontamination room.

The staff at the practice consist of the principal dentist, two associate dentists, a practice manager, a receptionist (who is also a registered dental nurse) and three other dental nurses. The practice has the services of a two part time dental hygienists who carry out preventative advice and treatment on prescription from the dentists.

The practice manager is the registered manager. 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.

We spoke with one patient on the day of our inspection and reviewed 40 comment cards that had been completed by patients. All comments reflected very positive views of the care and treatment patients had received at DS Dental Studio. Common themes were patients felt they received excellent and professional care from caring and friendly staff who treated them with respect and listened to them.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

Our key findings were:

- There were effective systems in place to reduce the risk and spread of infection. We found all treatment rooms and equipment appeared very clean.
- There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- Patients told us through comment cards they were treated with kindness, professionalism and respect by friendly and caring staff who listened to them.

Summary of findings

- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- The practice had effective systems in place to assess, monitor and improve the quality and safety of the services provided.
- The practice had systems in place to regularly seek and act on feedback from patients and staff for the purposes of continually evaluating and improving the service provided.

You can see full details of the regulations not being met at the end of this report.

There were areas where the provider could make improvements and should:

- Ensure a file is maintained to identify and manage the risks associated with the Control of Substances Hazardous to Health (COSHH).
- Ensure a system is established for the stock control of medicines stored at the practice.
- Ensure an effective system is established to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.
- Ensure the practice infection prevention and control processes are audited every six months to ensure compliance with Department of Health essential standards.

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 effective systems in place in the areas of infection control, clinical waste control, management of medical emergencies and dental radiography. We also found the equipment used in the dental practice was well maintained and in safe working order. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were appropriate for the provision of care and treatment with a good staff skill mix across the whole practice.

The practice did not have established systems in place to assess, identify and mitigate risks to the health, safety of patients, staff and visitors or the Control of Substances Hazardous to Health (COSHH).

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent 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.

Patients told us (through comment cards) they had very positive experiences of dental care provided at the practice and felt they were treated with respect. Patients felt involved with the discussion of their treatment options. Staff displayed kindness, friendliness and a genuine empathy for the patients they cared for. Staff spoke with passion about their work and told us they enjoyed what they did.

Are services responsive to people's needs?

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

The practice provided friendly, personalised dental care. Most of the staff had worked at the practice for many years and knew (and responded to) patients' individual needs well. Patients could access treatment and urgent and emergency care when required. The practice offered dedicated emergency slots each day enabling effective and efficient treatment of patients with dental pain.

Are services well-led?

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

The principal dentist and practice manager were seen as very approachable by staff who felt well supported in their roles and could raise any issues or concerns with them at any time. The culture within the practice was seen as open and transparent. All staff told us they enjoyed working at the practice and would recommend to a family member or friends.

Overall we found the practice had effective clinical governance and risk management structures in place. The practice regularly sought feedback from patients in order to improve the quality of service provided.

DS Dental Studio

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 inspection was carried out on 22 May 2015 by and inspector and a dental specialist advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, ten clinical patient records and other records relating to the management of the service. We spoke to the principal dentist, the practice manager, a dental nurse and a receptionist. We reviewed forty comment cards completed by patients and spoke to one patient.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

We found accidents and incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Patients were 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) We looked at the documentation around safeguarding and abuse. The practice had policies and procedures in place for child protection and safeguarding people using the service which included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. All staff had completed recent safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect.

All staff demonstrated a knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Information available for staff detailed the actions they should take if an injury from using sharp instruments had occurred.

Staff we spoke with told us dentists routinely used 'rubber dam' when providing root canal treatment to patients. 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

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK and British National Formulary (BNF). This included face masks for adults and children, oxygen and medicines for use in an emergency and an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use.

Staff had recently completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). Staff we spoke with demonstrated they knew how to respond if a patient suddenly became unwell.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for four staff members. Each file contained evidence that satisfied the requirements of current regulations. This included application forms, employment history and evidence of qualifications. The qualification, skills and experience of each employee had been fully considered as part of the recruitment process.

Appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Fire extinguishers had been recently serviced and staff were able to demonstrate to us they knew how to respond in the event of a fire.

The practice did not have effective arrangements to assess the risks to the health, safety and welfare of patients, staff and visitors to the premises. The practice manager told us the practice team carried out visual checks to the premises, equipment and environment and took action to rectify any problems identified. During our inspection however we found a number of potential risks which we alerted the practice manager to. For example, we observed that cleaning chemicals and the suction compressor were kept in unlocked cupboards in the toilet used by patients. The practice manager agreed this could have posed a hazard and immediately resolved to secure the cupboard doors. When we reviewed the accident book, we found a staff

Are services safe?

member had injured themselves trying to open a cupboard door which did not have a handle. The practice had taken prompt action to fix the door after the accident, however; the practice manager agreed it would be useful to establish a system to regularly assess, identify and minimise risks to the health, safety and welfare of patients, staff and visitors.

There were not effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. The practice did not maintain a COSHH file in order to manage risks (to patients, staff and visitors) associated with substances hazardous to health. We discussed this with the practice team who told us they often discussed chemicals and materials used (especially when new ones were introduced) and were aware of hazards and how to minimise them. The practice manager agreed that maintaining a COSHH file which would identify in a central place any risks associated with hazardous materials would help ensure staff were able to minimise these risks.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene.

We found the practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. The practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a clear flow from 'dirty' to 'clean.' A dental nurse with responsibilities for the decontamination of instruments explained to us how instruments were decontaminated and sterilised. They wore eye protection, an apron, heavy duty gloves and a mask while instruments were decontaminated prior to being placed in an autoclave (sterilising machine).

Instruments were inspected to check for any debris or damage throughout the cleaning stages using an illuminated magnifier in line with essential quality standards.

An autoclave was used to ensure instruments were decontaminated ready for the next use. We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination area which minimised the risk of infection spread.

The practice had an on-going contract with a clinical waste contractor. We found the practice managed clinical waste and the safe disposal of sharps appropriately. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of. This was in line with the recommended guidance.

We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared uncluttered and clean. However, we noted the protective cover of the dental chair in one treatment room was ripped which meant the chair could not be cleaned effectively.

A hand washing poster was displayed near the sink to aid effective hand decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used.

Records showed a risk assessment process for Legionella had been carried out in July 2014 (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the

Are services safe?

risk of patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning and end of each session and monitoring cold and hot water temperatures.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers and the X-ray equipment. We were shown the annual servicing certificates. The records showed the service had had an efficient system in place to ensure equipment in use was safe, and in good working order.

An effective system was in place for the prescribing, recording and dispensing of the medicines used in clinical practice. The systems we viewed provided an account of medicines prescribed, and demonstrated patients were given their medicines when required. The type, batch numbers and expiry dates for local anaesthetics were recorded in clinical patient records.

We found the practice did not have an established system to control the stock of medicines stored at the practice. We discussed this with the practice manager who agreed to immediately resolve this.

Radiography (X-rays)

We checked the provider's radiation protection file as X-rays were taken and developed at the practice. We also looked at X-ray equipment in use at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to the X-ray machine were available. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor. This ensured the X-ray equipment was operated and maintained safely.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

The practice regularly assessed each patient's gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). Records showed an examination of a patient's soft tissues (including lips, tongue and palate) was routinely carried out and their use of alcohol and tobacco was recorded. These measures demonstrated to us a risk assessment process for oral disease was carried out.

The dentists followed the guidance from the Faculty of General Dental Practice (FGDP) before taking X-rays to ensure they were required and necessary. The justification, findings and quality assurance of X-ray images taken was recorded in the patients' records.

The practice kept up to date with current guidelines in order to develop and improve their system of clinical risk management. The dentists we spoke with considered National Institute for Health and Care (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

Health promotion & prevention

The practice promoted the maintenance of good oral health as part of their overall philosophy and considered guidance issued in the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Records we reviewed showed dentists routinely documented advice given to patients appropriate to their individual needs such as smoking cessation or dietary advice. Five patients told us through comment cards they had been individual clear advice enabling them to maintain a healthy mouth.

Staffing

There was an induction programme for new staff to follow to ensure they had the necessary knowledge and competence to effectively support the provision of care and treatment to patients. Staff had undertaken training to ensure they kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies, infection control and prevention and radiography/radiation protection.

There was an effective appraisal system in place which was used to identify training needs. Staff told us they had found this to be a useful and worthwhile process.

Working with other services

The practice had a system in place for referring patients for dental treatment and specialist procedures to other colleagues where appropriate. The provider told us the practice involved other professionals and specialists in the care and treatment of patients where it was in the patient's best interest. We found the practice monitored their referral process to ensure patients had access to treatment they needed within a reasonable amount of time.

Consent to care and treatment

The dentists we spoke with explained to us how valid consent was obtained for all care and treatment. We reviewed a random sample of ten clinical patient records. The records showed and staff confirmed individual treatment options, risks, benefits and costs were discussed with each patient and documented in a written treatment plan. Patients were given time to consider and make informed decisions about which option they wanted. This was reflected in comment cards completed by patients.

The practice asked patients to sign consent forms for some dental procedures such as tooth whitening or orthodontic procedures to indicate they understood the treatment and risks involved.

The practice demonstrated an understanding of how the Mental Capacity Act 2005 applied in considering whether or not patients had the capacity to consent to dental treatment. Most staff members had undertaken relevant training. Staff we spoke with explained how they would consider the best interests of the patient and involve family members (if appropriate) or other healthcare professionals responsible for their care to ensure their needs were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The practice manager and staff explained to us how they ensured information about patients was kept confidential. Patients' clinical records were stored securely. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality. They told us security of information was of paramount importance to the practice. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment rooms.

During our inspection we observed that staff were caring and friendly. Patients told us staff always treated them with dignity and respect.

Patients reflected in comment cards they were treated with respect by kind, friendly, caring and competent staff in a relaxed and calm environment.

Involvement in decisions about care and treatment

The dentists told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood.

These were used to supplement a treatment plan which was developed following examination of and discussion with the patient. Patients told us through comments cards they felt listened to and were given options for their care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Staff reported (and we saw from the appointment book) the practice always scheduled plenty of time to assess and undertake patients' care and treatment needs. Staff told us they never felt rushed or under pressure to complete procedures and always had enough time available to prepare for each patient.

Several patients commented (through comment cards or patient surveys) that the practice had been particularly responsive and sensitive to their previous anxieties and they were no longer afraid of attending for dental treatment as they felt relaxed and calm at the practice.

There was a system in place to follow up those patients who had not attended for treatment if a need had been identified during an examination. This helped to minimise the risk to patients of dental pain or the requirement for more complex treatment.

The practice had effective systems in place to ensure the equipment and materials needed were in stock or received in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures so that delays in treatment were avoided.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. Staff told us they spoke a number of different languages between them but they would encourage a relative or friend to attend who could translate or if not they would contact a local interpreting service.

The practice had considered the needs of people with disabilities when designing their premises. The ground floor treatment room and toilet were fully accessible to people using wheelchairs. Although this room was primarily used by the practice principal, staff told us arrangements were made for the associate dentists or dental hygienist to treat patients in this room if they had requested it.

Access to the service

We asked the receptionists how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. We saw the practice information leaflet also included this information. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs.

Concerns & complaints

There was a complaints policy which provided staff with information about all aspects of handling complaints and compliments from patients.

Information for patients about how to make a complaint was available within a practice leaflet in the reception area and on the practise website. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. We found information supporting patients who may have wanted to complain was displayed.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

Are services well-led?

Our findings

Governance arrangements

Staff members told us they felt supported by the practice manager and principal dentist and were clear about their roles and responsibilities. Patients' clinical records provided a full and accurate account of the care and treatment they had received and appropriate records relating to the management of the practice were maintained. The practice ensured the information they held was kept secure.

Leadership, openness and transparency

There was an open culture at the practice which encouraged candour and honesty. For example, we found the practice regularly audited their endodontic (root canal) treatment procedures to ensure effective treatment had been completed. On the few occasions where this had been found to be deficient, patients had been advised, given an apology and referred to a specialist for completion. Staff reported they felt valued and supported by the providers and could raise issues at any time without fear of discrimination. Staff told us it was a nice environment to work in and they enjoyed coming to work at the practice.

Management lead through learning and improvement

The practice assessed and monitored the quality of service provided in order to learn and improve. For example, the practice undertook a six monthly audit of their endodontic (root canal) procedures to demonstrate the effectiveness of the procedures they had carried out. The audits demonstrated a high level of success and also that patients were referred to a specialist when the dentist had identified the difficulty of the procedure would be beyond their level of competence.

The practice regular carried out audits of each dentist's clinical record keeping processes to ensure a full and accurate contemporaneous record of each patient's care and treatment was recorded. The most recent audit undertaken in January 2015 demonstrated a high standard of record keeping.

The practice had undertaken an audit of infection prevention and control in May 2015 to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. This indicated the facilities and management of decontamination and infection control were managed well. The practice manager told us the practice had not regularly audited their infection prevention and control processes every six months in accordance with HTM 01-05 guidance but agreed this would be a useful process and resolved to do this in future.

The practice had completed an audit to assess the quality of X-ray images. This showed X-rays taken were an acceptable standard therefore minimising the risk of further (and unnecessary) X-ray exposure to patients.

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

Records showed the practice conducted regular staff meetings. Staff members told us they found these were a useful opportunity to share ideas and experiences which were listened to and acted upon. Staff told us they often had informal daily discussions and made suggestions as a team about how the practice could improve.

We found patients were regularly asked if they were satisfied with the care and treatment they received. However, we noted patient surveys could only be submitted online. We discussed this with the practice manager who agreed it would be useful to offer other accessible feedback processes to patients who did not use the internet.