Aesthetic Dental Solutions Ltd

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 November 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Aesthetic Dental Solutions is situated in a converted three storey residential property in a conservation area of Lytham St Anne's Lancashire. There are four treatment rooms in total one on the ground floor and three on the first floor. The staff group consists of the principal dentist/ owner, three associate dentists, a periodontics specialist, a dentist with a special interest in endodontics and a visiting oral surgeon. There are two dental therapists, six dental nurses a receptionist and the practice manager.

On the day of the inspection there were three dentists working in the practice, they were supported by five dental nurses, a receptionist and the practice manager.

The practice provides private dental services for adults and children. The practice offers a range of dental services including routine examinations and treatment, implants, tooth whitening, veneers, crowns and bridges, root canal treatments and oral hygiene. The practice also offers conscious sedation.

The practice was open Monday, Wednesday and Thursday from 8.30am until 5.30pm, Tuesday 8.30am until 6pm and Friday from 8am until 2pm. Saturday mornings by appointment.

The practice provides predominantly (80%) NHS treatments and a smaller number of treatments (20%) privately or with Denplan (a payment method).

The practice manager was in the process of completing an application to register with the Care Quality

Summary of findings

Commission as 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 received some concerns about staff training in relation to intra-venous sedation at this practice. As a result the inspection was only announced the day before the visit which meant the provider was not sent any CQC comment cards for patients to complete. We spoke with four patients during the inspection and reviewed the completed NHS Friends and Family test cards.

Our key findings were:

- The practice had access to equipment for use in the event of a medical emergency such as an automated external defibrillator and medical oxygen in accordance with the Resuscitation Council UK guidance.
- There were good governance systems in place to monitor patients prior to, during and after treatment under intra venous sedation.
- The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice.
- Governance arrangements were in place to ensure the smooth running of the practice.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- Staff had received formal safeguarding training and knew the processes to follow to raise any concerns.
- Dental care records were detailed and demonstrated on-going monitoring of patients' oral health.
- Patients' were involved in their care and treatment planning so they could make informed decisions.
- Patients we spoke with told us they were treated with compassion and respect and staff were professional and friendly.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Equipment, such as the air compressor, autoclaves (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- There was a business continuity plan in place to deal with foreseeable emergencies that could impact on the running of the practice.
- The practice achieved the Investors in People accreditation in April 2015.

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

- Ensure that endodontic files are clearly labelled after the decontamination process and include not only the patients full name but also a date of birth to prevent any possible errors where patients have the same name.
- Devise a method of checking and recording that the visiting dental professionals have up to date cardiopulmonary resuscitation (CPR) training.

Ensure the Local rules contain the names of the staff authorised to use the X-ray equipment.

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 and processes in place to ensure all care and treatment was carried out safely. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography.

Staff were trained to the appropriate level for child protection and had completed adult safeguarding training. The practice had suitable arrangements for infection prevention and control and clinical waste management. Used dental instruments were decontaminated in line with Health Technical Memorandum 01-05 (HTM01-05).

The provider carried out intra-venous sedation at the practice for patients who were very nervous about dental treatment and required complex dental work such as the provision of dental implants. We found that the provider had put into place robust governance systems to underpin the provision of conscious sedation.

Are services effective?

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

Dental care records were well maintained, detailed and showed patients received a comprehensive assessment of their dental needs including a review of their medical history. Consultations were carried out in accordance with best practice guidance from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP).Patients were given relevant information to assist them in making informed decisions about their treatment.

Staff who were registered with the General Dental Council (GDC) were up to date with their continuing professional development (CPD) and they were supported to meet the requirements of their professional registration. Staff told us they were well-supported by the principal dentist through informal supervision and ad hoc staff meetings.

Are services caring?

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

Feedback from the four patients we spoke with gave us a positive picture of a friendly, professional, and caring service. Patients told us that they were treated with dignity and respect at all times. Patients confirmed that they received both a detailed verbal description and a treatment plan when a course of treatment was proposed.

Patients with urgent dental needs such as dental pain were responded to in a timely manner, often on the same day.

We observed privacy and confidentiality were maintained for patients attending the practice on the day of the inspection.

Are services responsive to people's needs?

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

Patients had access to information via the practice website and there was a practice leaflet with relevant information for patients. Emergency appointment slots were available each day so that patients with dental emergencies received treatment on the same day or within 24 hours. The practice leaflet and website gave details of the local out of hours service for patients to access treatment when the practice was closed.

Summary of findings

The practice had a complaints procedure that explained the process to follow and the timescales involved for investigation. The complaint policy included the details of external bodies to whom patients could escalate their concerns if they were unhappy with the response.

Are services well-led?

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

There was a system of audits undertaken to monitor the quality and safety of service provided. Staff received induction training and were given opportunities to maintain their professional development.

Practice meetings were held regularly and a record taken of the meetings. Care and treatment records were audited to ensure standards had been maintained. Staff were encouraged to raise any issues or concerns with the practice manager or principal dentist. Staff we spoke with indicated that they were supported in their roles.

Aesthetic Dental Solutions

Detailed findings

Background to this inspection

The inspection took place on 18 November 2015 and was conducted by a Care Quality Commission (CQC) inspector, a second CQC inspector and a dental specialist advisor with expertise in dental sedation.

We had received some concerns about the sedation services at Aesthetic Dental Solutions and a lack of staff training in relation to sedation. We spoke with a member of the NHS England area team and advised them that we were inspecting the practice. We did not receive any concerning information.

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.

During the inspection we spoke with four patients, the principal dentist, an associate dentist, dental nurses and practice manager. We examined Friends and Family test cards, reviewed policies, dental care records, protocols, procedures and other relevant documentation.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and learning from incidents. Staff were aware of the reporting procedures in place and encouraged to bring safety issues to the attention of the practice manager, operations manager or any of the dentists.

Staff understood their roles and responsibilities for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

The practice manager and principal dentist received safety alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) by email. We saw evidence that they checked these and if they were relevant to the practice staff were informed and appropriate action taken.

The principal dentist and practice manager were aware of their responsibilities under the duty of candour. The clinical staff we spoke with told us if there was an incident that affected a patient they would apologise to the patient, take action to prevent reoccurrences and inform the patient of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

There were clear guidelines for staff to follow should they sustain a sharps injury (where the skin is punctured by a used needle or sharp instrument). The practice used safety syringes for local anaesthetics to minimise the risk of sharps injury when disposing of used needles.

There were safeguarding policies and procedures in place for responding to concerns about the safety of patients. Staff we spoke with knew where the policies were kept. The staff we spoke with were able to describe the signs that might indicate abuse was taking place. They knew who to raise their concerns with and how to refer concerns to the local safeguarding teams.

In accordance with guidance from the British Endodontic Society the practice used rubber dams when carrying out root canal treatment and staff confirmed that they used them (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.)

Dental care records were held electronically and all computer records were password protected to safeguard personal data.

Medical emergencies

The practice had an automated external defibrillator for use in the event of a medical emergency in line with the Resuscitation Council UK guidelines (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). Staff had received cardiopulmonary resuscitation (CPR) training within the last 12 months and were able to describe the action they would take in the event of a medical emergency.

The practice had emergency medicines in accordance with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency medicines and saw that the recommended medicines were in place and were within their expiry date. The practice also had an emergency kit for use in training so the staff could practice with the equipment.

There was an oxygen cylinder on the ground and first floors and these were regularly checked to ensure the level and flow were sufficient to respond to a medical emergency.

Staff recruitment

There was a recruitment policy and procedure that outlined the recruitment process. We reviewed a sample of four staff files and found the required pre-employment checks had been carried out before an applicant started work in the practice. This included; a curriculum vitae (CV), references, Hepatitis B status, proof of identity and eligibility to work in the UK and where required, evidence of current registration with the General Dental Council (GDC) and Disclosure and Barring service check (DBS is a check to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Monitoring health & safety and responding to risks

Are services safe?

There was a comprehensive business continuity plan for use in the event of a failure of the water, gas or electricity systems interfering with the running of the practice.

The practice had three files relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations. The files included risk assessments for all of the materials used in the practice and recorded the actions required to minimise any risks associated with using a product.

The practice had health and safety policies and procedures. A fire risk assessment had been undertaken by an external contractor in 2014 with a review date for 2017. We saw the fire system was inspected in April 2015. Fire drills had been carried out and staff had attended fire safety training in June 2014. We saw records to show the fire alarm and means of escape were tested and checked on a regular basis.

Infection control

A Legionella risk assessment had been carried out by a professional contractor in 2015 with a review date of 2017 (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The dental water lines were maintained in accordance with current guidelines to prevent the growth of Legionella bacteria and the associated risk of infection to patients and staff. Staff carried out dip testing on a weekly basis and records were kept of the results.

We saw documentation that demonstrated infection prevention and control audits were being carried out on a regular basis.

The practice had a dedicated decontamination room. Staff used a safe transportation system to move used instruments from treatment rooms to the decontamination room to minimise the risks of cross contamination. We reviewed the practice infection control policies and procedures and the lead dental nurse explained the process for the cleaning, sterilising and storage of dental instruments.

The decontamination room had clearly identified dirty to clean zones. Staff wore personal protective equipment (PPE) during the decontamination process including a face visor to protect the eyes from splashes, a face mask, heavy duty gloves and a plastic apron. Used instruments were soaked and scrubbed prior to being placed into an ultrasonic bath. They were inspected under an illuminated magnifying glass to ensure there were no remaining contaminants and put into the autoclave (a high temperature high pressure machine for sterilising instruments). Sterilised instruments were placed in pouches that were date stamped to be used within one year.

Endodontic files for use in root canal treatments can be sterilised and reused for the same patient through the course of the patient's treatment. These sterilised and packaged files were clearly labelled after the decontamination process and included the patients surname. We discussed with the principal dentist and practice manager what would happen if there were two patients with the same surname. They agreed to also add the patients date of birth to prevent any possible errors.

There was a contract in place for the disposal of all clinical waste and dental products including amalgam (the material used for some fillings). Records of collection of clinical waste by the approved contractor were signed and retained. Clinical waste was safely stored between collections.

The practice used safer sharps in accordance with Health and Safety (Sharps Instruments in Healthcare) Regulations 2013. Sharps containers were replaced as required and correctly labelled and sharps waste was disposed of in accordance with current guidelines.

The dental nurses cleaned all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings.

Equipment and medicines

The provider carried out intra-venous sedation at the practice for patients who were very nervous about dental treatment and required complex dental work such as the provision of dental implants. We found that the provider had put into place robust governance systems to underpin the provision of conscious sedation. The systems and processes we observed were in accordance with the new guidelines recently published by the Royal College of Surgeons and Royal College of Anaesthetists in April 2015.

We looked at the governance systems supporting sedation these included pre and post sedation treatment checks, emergency equipment requirements, medicines

management, sedation equipment checks, personnel present, patient's checks including consent, monitoring of the patient during treatment, discharge and post-operative instructions and staff training.

We found that patients were appropriately assessed for sedation. We saw clinical records that showed that all patients undergoing sedation had important checks carried out prior to sedation. These included a detailed medical history, blood pressure and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records demonstrated that during the sedation procedure important checks were recorded at regular intervals which included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. This was carried out using specialised equipment including a pulse oximeter which measures the patient's heart rate and oxygen saturation of the blood. Blood pressure was measured using a separate blood pressure monitor.

We found that there was a recording system for the prescribing and recording of medicines used in the provision of conscious sedation this included the reversal agent for the sedative medicine. We found that the recording of dose and amount of medicines prescribed along with the batch number and expiry date was always recorded. There was a robust written system of stock control and storage for the medicines used in intravenous sedation which was demonstrated to us.

There were service contracts in place for the maintenance of equipment such as; autoclaves, air compressor and X-ray sets. We saw a portable appliance test (PAT) had been carried out in October 2015 and a re-test was due in October 2017.

Radiography (X-rays)

There was a named radiation protection supervisor (RPS) and a named radiation protection adviser (RPA) who was appointed to provide advice on complying with legal obligations under IRR 99 and IRMER 2000 radiation regulations. There were periodic examination and testing of all radiation equipment.

Local rules were displayed but these did not contain the names of those staff authorised to use the X-ray equipment. The practice manager arranged for this information to be added.

Dental care records we reviewed showed that the justification for taking dental X-rays and the diagnosis were recorded. We saw X-rays were audited to ensure X-ray images were of a good quality.

Staff involved in taking X-rays had completed IR (ME) R 2000 training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Dental care records showed an examination of the condition of the gums and soft tissue lining of the mouth for the signs of mouth cancer was carried out at each assessment. This was in accordance with the National Institute for Health and Care Excellence (NICE) guidance and the Faculty of General Dental Practice guidance. We found dental care records contained an up to date medical history detailing medical conditions and allergies and treatment options that were discussed.

A treatment plan was given to each patient and this included the cost involved.

Health promotion & prevention

The waiting room and reception area at the practice also contained literature in leaflet form that explained the services offered at the practice. Patients told us and dental care records confirmed that oral hygiene advice such as a healthy diet, alcohol consumption and smoking cessation were provided.

The practice took account of the Department of Health – Delivering Better Oral Health toolkit to identify and treat patients at high risk of tooth decay and poor oral health. Products such as toothbrushes and high fluoride toothpaste were available for patients to purchase at the practice.

Staffing

New staff underwent a period of induction to familiarise themselves with the way the practice ran.

The practice consisted of the principal dentist/owner, three associate dentists, one specialist dentist, one dentist with a special interest in endodontics and a visiting oral surgeon. There were two dental therapists, six dental nurses a receptionist and the practice manager.

The dentist carrying out sedation was supported by two appropriately trained nurses on each occasion. This was also recorded in the dental care records with details of their names. The measures in place ensured that patients were being treated safely and in line with current standards of clinical practice.

The nurses supporting the dentist were confident and assured about their roles during sedation. We asked them to explain their role in supporting the dentist. This reflected the quality of the on-going training, supervision and mentoring that the nurses received from the dentist. This on-going support is to be supplemented by a structured training day that the nurses are due to attend in January 2016.

Staff told us they received appropriate professional development and training. The practice used a variety of learning methods that included both face to face and distance e-learning. We reviewed a sample of staff continuing professional development files (CPD) and found that staff had undertaken the required number of CPD hours. The training included core skills such as data protection, safeguarding, radiography, cardiopulmonary resuscitation (CPR), responding to a medical emergency and infection control.

Working with other services

We discussed with the dentist how they referred patients to other services. Patients receiving NHS treatments were referred for orthodontic or endodontic treatment based on the patient's clinical need. Referral letters and responses were held in the patients' records. The practice followed the two week referral process to refer patients for screening where oral cancer was suspected.

Consent to care and treatment

The patients we spoke with told us they were given very clear advice about their treatment options in a way they understood and this enabled them to make an informed decision about treatment.

The staff we spoke with were confident with how the Mental Capacity Act applied to them in relation to their role (The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

The dentists we spoke with were aware of and understood their responsibilities in relation to the use of the Gillick competency in young persons. The Gillick competence is used to decide whether a child (16 years or younger) is able to consent to their own medical treatment without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The reception desk was separate from the waiting rooms so that patient's confidentiality was protected when conversations were held in the reception area. Staff told us if a patient wished to speak in private an empty room would be used. We saw that patient records, both paper and electronic were held securely. Electronic records were password protected and regularly backed up. Paper records were stored in lockable filing cabinets.

During the inspection we saw staff were helpful, polite and respectful to patients. The patients we spoke with were extremely positive about the care and treatment they received from the practice. Patients told us that they were treated with respect and dignity by all staff.

We spoke with patients who were anxious about dental treatments. They told us the staff understood the need for emotional support and were kind and considerate.

Staff told us the practice had not needed to use the services of interpreters, but this would be provided if the need arose.

Involvement in decisions about care and treatment

There was information about NHS charges and private fees displayed in the practice. We also saw that the practice had a website that included information about dental care and treatments, costs and opening times.

The patients we spoke with told us staff listened to them and were allowed sufficient time to make an informed decision about the choice of treatment available to them. Patients told us they were routinely given copies of their treatment plans which included information about the planned treatments, any risks involved, and associated costs. We were shown treatment plans by patients we spoke with.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Emergency appointment slots were available each day and patients confirmed they were seen the same day or within 24 hours if they were experiencing dental pain. For patients in need of urgent dental care outside normal working hours there was an answer phone message that gave details on how to access emergency treatment when the practice was closed.

Tackling inequity and promoting equality

The practice was accessed via a path with two sets of steps to the front and stairs to the rear of the building. The needs of people with disabilities had been considered however the practice was located within a conservation area and there was limited scope to make structural changes to the exterior of the building. Patients requiring disabled access would be supported by staff or referred to another dentist in the area.

The principal dentist told us the local population was mainly English speaking, however staff were aware that it was possible to organise a telephone translation service if the need arose.

Access to the service

The practice was open Monday, Wednesday and Thursday from 8.30am until 5.30pm, Tuesday 8.30am until 6pm and Friday from 8am until 2pm. Treatments were also available on Saturday mornings by appointment. The practice displayed its opening hours in their premises, on the practice website and in the practice leaflet. If patients required an appointment outside of normal opening times they were advised to call the NHS 111 service.

We spoke with patients who told us they were rarely kept waiting beyond their appointment time. Patients told us they were able to book an appointment at a time that suited them for example, before work or after school for children. Appointments can also be made via the practice website.

Concerns & complaints

There was a complaints policy describing how the practice would handle complaints from patients. We saw there had been three complaints in the last 12 months. The practice had a system in place for handling complaints and concerns. The staff we spoke with were aware of the complaints process and told us that they would refer all complaints to the practice manager to deal with.

The complaints procedure also included the details of other external organisations for a complainant to contact should they be unhappy with the providers response. This included the General Dental Council (GDC) and NHS England.

Are services well-led?

Our findings

Governance arrangements

There were systems in place for clinical and non-clinical audits taking place within the practice. These included audits of patient records, oral health assessments and the quality of X-ray images.

The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. These included policies relating to safe working practices and infection prevention and control. The practice held monthly meetings involving all staff where governance was discussed.

Leadership, openness

Staff told us the principal dentist, operations manager and practice manager were visible and the culture was seen as open and transparent. Staff said they felt well supported and that were confident that they could raise any concerns. Staff said they felt they would be listened to and their concerns acted upon. Staff said they felt part of a team and involved in monthly staff meetings where their views and opinions were respected.

The principal dentist and practice manager were aware of their responsibilities under the duty of candour (Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity). The clinical staff we spoke with told us the practice ethos was to be open and honest. They told us if there was an incident that affected a patient they would apologise to the patient, take action to prevent reoccurrences and inform the patient of any actions taken as a result.

Learning and improvement

Clinical staff working at the practice were supported to maintain their continuing professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC).

The staff we spoke with told us they had access to both face to face and on-line training. Staff told us they were given sufficient training to undertake their roles and given the opportunity for additional training. We saw that a system of appraisals had been introduced and these included setting objectives and actions.

The staff we spoke with were aware of the practice values to provide high quality dental care to the local community. Staff told us that it was a good practice and they enjoyed working there.

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

The practice was using the NHS Friends and Family test (FFT national programme that enables patients to provide feedback on the services provided). We reviewed 15 completed FFT cards and found all of the patients who completed the form said they would be extremely likely or likely to recommend the practice.

We looked at the NHS Choices website and found the practice manager generally checked the site and replied online to the reviews and comments made.