Implant Centres of Excellence Ltd

ICE Hospital and Postgraduate Training Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 11 February 2020 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 Care Quality Commission, (CQC), inspector who was supported by a second inspector and 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 this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

ICE Hospital and Postgraduate Training Centre is in Manchester and provides private dental care and treatment for adults. Treatments include dental implants and treatment under conscious sedation. They also provide postgraduate training to dentists.

Summary of findings

There is level access to the premises for people who use wheelchairs and those with pushchairs. The service has a car park with dedicated parking for people with disabilities.

The dental team includes 18 dentists, 12 dental nurses, a dental hygienist, a dental hygiene therapist, three consultant anaesthetists, a registered anaesthetic nurse, a recovery nurse, three operating department practitioners, a receptionist, a programmes administrator, a marketing executive, a secretary and a hospital manager. The practice has seven treatment rooms and an operating theatre.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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. The registered manager at ICE Hospital and Postgraduate Training Centre is one of the directors.

On the day of inspection, we collected 17 CQC comment cards filled in by patients.

During the inspection we spoke with three dentists, five dental nurses, one dental hygienist and one receptionist. 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 5:30pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff. Improvements could be made to the processes for managing the risks associated with fire and the use of radiation.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation. Recruitment files were incomplete.
- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement. Improvements could be made to the process for ensuring staff were up to date with their training requirements.
- The provider asked patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider was not meeting are at the end of this report.

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** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✗

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. On the day of inspection, we saw evidence that eight staff members had completed safeguarding training, we were later sent evidence of staff who had completed the training but the evidence was not available on the day of inspection. There were 14 members of staff who had either not completed safeguarding training at the time of inspection or the training was due for renewal.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A new Legionella risk assessment had been carried out prior to the inspection. We saw evidence that recommendations in the assessment were being implemented.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a Speak-Up policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at nine staff recruitment records. On the day of inspection, we noted some documents was missing in these records. These included references, evidence of registration with the GDC and a DBS check. We were later sent evidence of these documents.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

On the day of inspection, we noted the electrical fixed wire test was now due. This was initially carried out on 29 January 2015 and was due again in five years. On the day of inspection there was no evidence of this test having been carried out. We were later sent evidence that arrangements were now in place for completion of the test.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. We asked staff about how often the fire alarm and emergency lighting was checked. They were

Are services safe?

unsure about this. There were no entries in the fire log book stating how often these were checked. We were later sent evidence of a new checklist for the fire alarm and emergency lighting.

The practice had arrangements to ensure the safety of the X-ray equipment. The service used an online radiation protection folder. We reviewed this folder and found correspondence from the radiation protection advisor with a list of actions which needed to be taken. It was not clear from the letter if any of the actions had been completed. We were later sent evidence these had been completed with the exception of the monthly quality assurance test for the cone beam computed tomography X-ray machine. They had contacted the machine's manufacturer for guidance about this and we were assured this test would now been completed.

We saw evidence that the dentists justified, graded and reported on their radiographs. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography. Staff had also received training in the use of the CBCT scanner and appropriate safeguards were in place for patients and staff.

We saw that the practice used a hand-held X-ray machine. We were told that this machine was stored in a locked room when not in use and the battery was removed. On the day of inspection we noted the routine test for this machine was now overdue. This was due to be completed in July 2019. We asked if this had been completed and staff told us it had not. After the inspection we were told this had been missed due to a problem with the test pack which was used in July 2019 and a replacement was not sent. We were later sent evidence the hand-held X-ray machine had been tested on 20 February 2020 and was satisfactory for use.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus. When we reviewed a selection of recruitment records, we found some examples of where evidence of immunity was not available or indicated that the levels did not indicate immunity to the Hepatitis B virus and no risk assessment was in place. We were later sent evidence of immunity for the staff where it was missing, and we were told the staff who were low responders were being followed up.

Staff had a good awareness of the risks associated with sepsis. They used the National Early Warning Score tool to help identify any patients who were deteriorating. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and we saw evidence that most had completed training in emergency resuscitation and basic life support. We were later sent evidence staff had completed the relevant training but this had not been logged or recorded. Immediate Life Support training with airway management for staff providing treatment under sedation was also completed. The consultant anaesthetists had also completed advanced life support.

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists, the dental hygienist and dental hygiene therapist when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Are services safe?

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and saw that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again. We saw a sharps injury had occurred in March 2018. From the records it was not clear if this sharps injury was followed up by occupational health. We discussed this with staff who assured us that the appropriate follow up care had been sought but not documented.

The service was currently developing an online incident reporting system. This was designed to enable all staff to report and record incidents. Incidents could be reported anonymously and any reflection would be recorded on areas for improvement. Prompts had been built into this system to ensure all relevant persons were informed about the incident, such as the safeguarding lead or radiation protection supervisor. All staff who had access to the system would be able to see all incidents which had been reported and any learning or reflection which had been gleaned.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The service had developed standard operating procedures for patients undergoing dental implant treatment and cone beam computed tomography X-ray scan. This ensured a consistent approach for all patients. The use of the standard operating procedures were audited to ensure staff completed each step.

The service offered conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history' blood pressure checks and an assessment of health using the guidance.

The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure and the oxygen content of the blood.

The consultant anaesthetists were supported by suitably trained staff. The name of this individual was recorded in the patients' dental care record.

The service offered dental implants. These were placed by the dentists and the postgraduate students. The postgraduate dentists were supported by the mentors at all times when placing the implants. We saw the provision of dental implants was in accordance with national guidance.

The endodontist used a specialised operating microscope to assist in carrying out root canal treatment.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dental hygienist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. 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 might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under

Are services effective?

(for example, treatment is effective)

the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

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.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements. Audits carried out were meaningful and designed to gain information and help improve the quality of treatment provided.

The service had developed a system whereby they could monitor the long term success of implants which had been placed. This involved patients completing online questionnaires about how satisfied they were with the outcome of the treatment. This was then uploaded onto an electronic system which was managed by the registered manager. Patient outcomes were actively monitored and if any areas of concern were identified then the patient would be contacted for further information or recalled into the surgery for further investigation.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Many of the dental nurses had completed extended duty training in areas such as radiography, sedation and dental implant nursing.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

The practice was a referral clinic for dental implants and we saw staff monitored all incoming referrals to ensure they were processed promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were caring, cheerful and welcoming. We saw staff treated patients with dignity and respect and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also been completed.

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. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way they could understand.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models and X-ray images which could be shown to the patient to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

Seventeen cards were completed, giving a patient response rate of 34%

100% of views expressed by patients were positive.

Common themes within the positive feedback were the quality of the treatment, the cleanliness of the environment and the friendly staff.

We shared this with the provider in our feedback.

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

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

Timely access to services

Patients could access care and treatment from the practice within a time scale that met their individual needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed.

Patients requiring emergency dental treatment outside normal working hours were provided with the mobile phone number of one of the directors. They could contact them for advice and if necessary, an appointment for treatment.

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

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

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 aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations that patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at complaints the practice received in the past 12 months.

These showed the practice responded to concerns appropriately and where possible, the service learnt from them to help improve the service.

Are services well-led?

Our findings

We found 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 section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Culture

The practice had a culture of high-quality sustainable care and innovation.

Staff stated that they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The staff focused on the needs of patients.

We saw the provider had systems in place to manage staff performance.

Staff were aware of and there were systems in place to ensure compliance with the requirements of the Duty of Candour.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The registered manager had overall responsibility for the 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 provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Improvements could be made to the oversight of the service to ensure the risks associated with the carrying out of the regulated activities were appropriately managed. These included the oversight of the risks associated with the use of radiation and fire.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information such as audits and external body reviews were used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys and online feedback to obtain patients' views about the service and to monitor treatment outcomes.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service. Staff not directly employed by the registered provider did not attend these meetings and it was not clear whether they were able to contribute in the same manner.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The directors were involved with the development of nationally recognised guidance for dental implants. In addition, they were involved in research relating to Patient Related Outcome Measures and Human Factors in Implant Dentistry.

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

On the day of inspection, we reviewed staff folders to check they had completed 'highly recommended' training as per General Dental Council professional standards. There were many gaps in the evidence available in all areas. We raised

Are services well-led?

this issue on the day of inspection and were later sent evidence that staff had completed the relevant training but this had not been recorded by the provider. The system to monitor staff training was therefore ineffective.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the regulation was not being met: The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • The systems and processes for ensuring the risks associated with fire were appropriately managed were not working effectively. • The systems and processes for ensuring the electrical fixed wire test was carried out was not effective. • The systems and processes for ensuring the risks associated with the use of radiation were not working effectively. • The system in place to ensure records of staff recruitment were accurate and complete including evidence of the effectiveness of the vaccination to the Hepatitis B vaccination was not effective. • The system for ensuring a sharps injury was followed up and learning derived from the incident was not effective. There was additional evidence of poor governance. In particular: • The system to ensure the registered provider maintained a record of staff training was not effective. Regulation 17 (1)