Priory Vale Dental Practice

Cathay Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 08 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

No action

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

The practice had systems and processes to provide safe care and treatment. The practice had suitable arrangements for dealing with medical and other emergencies.

The practice had safeguarding policies and procedures and contact information for local safeguarding professionals. Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice had a whistleblowing policy and staff were aware of their responsibilities under the Duty of Candour. The staff we spoke with described an open and transparent culture which encouraged honesty.

Improvements could be made to ensure the practice reviewed and acted upon national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA), and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE). Improvements could be made to ensure the practice followed infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices

Are services effective?

No action

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DH) and the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice.

Patients described the treatment they received as gentle, caring and professional. Staff explained treatment options to patients to ensure they could make informed decisions about any treatment and recorded this in their records. The practice provided patients needing treatment with written treatment plans.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this. Staff had completed continuing professional development to maintain their registration in line with requirements of the General Dental Council.

Summary of findings

Are services caring?

No action

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

We reviewed seven CQC comment cards and patient feedback the practice received online. Patients were positive about all aspects of the service the practice provided. Patients commented they felt fully involved in making decisions about their treatment, they were listened to, were made comfortable and reassured. Patients told us they were treated in a professional manner and staff were very helpful. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We noted that patients were treated with respect and dignity during interactions over the telephone. We saw that staff protected patients' privacy and were aware of the importance of confidentiality. The importance of confidentiality was covered in practice policies and staff training.

Are services responsive to people's needs?

No action

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

The practice's appointment system was efficient and met patients' needs. The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day. In the event of a dental emergency outside of normal opening hour's details of the practice emergency mobile number was available for patients' reference.

Staff considered patients' different needs. The practice took patients' views seriously. They valued compliments from patients and responded to concerns quickly and constructively. There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients. Patients had access to information about the service through the practice website.

Are services well-led?

No action

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

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

The staff we spoke with described an open and transparent culture which encouraged candour. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

The practice had suitable clinical governance and risk management structures in place. The practice monitored clinical and non-clinical areas of their work to help them improve and learn.

Summary of findings

This included asking for and listening to the views of patients and staff. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. Staff we spoke with were confident in their work and felt well-supported.

Cathay Dental Practice

Detailed findings

Background to this inspection

Background

Cathay Dental Practice is located in Reading and provides private treatment to patients of all ages. The premises are on the ground floor and consist of a treatment rooms, a decontamination area and a reception area. The practice is open on Monday to Friday 8:00am – 4:30pm.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice.

The dental team includes two principal dentists, a dental nurse and a receptionist.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Cathay Dental Practice was one of the principal dentists.

On the day of inspection we collected seven CQC comment cards filled in by patients. We also reviewed results of the patient feedback the practice received online. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, a dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice was clean and well maintained.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and child protection.
- 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).
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- The practice had systems to help them manage risk.
- The practice had thorough staff recruitment procedures.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and

Detailed findings

Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).

- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. There were no reported incidents within the last 12 months.

Staff told us the practice was not registered to receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Following our inspection the practice sent us confirmation of registration with MHRA. The practice had implemented a protocol to ensure relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had a safeguarding policy and procedure to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. There were no reported safeguarding concerns in the last 12 months.

The practice had a whistleblowing policy which included the contact details of external agencies to which staff could raise concerns. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Some of the emergency equipment and medicines were available as described in guidance issued by the Resuscitation Council UK. The practice did not have an automated external defibrillator (AED) and had not undertaken a risk assessment which would include access to an AED. A portable suction, a spacer and the emergency medicine Glucagon were not available at the practice on the day of our inspection. Following our inspection the practice sent us confirmation these items had been ordered.

All other emergency drugs and equipment were within the expiry date ensuring they were fit for use. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at all of the staffs' recruitment files. These showed the practice followed their recruitment procedure.

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

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists when they treated patients in line with guidance issued by the General Dental Council's Standard (6.2.2) for the Dental Team about dental staff being supported by an appropriately trained member of the dental team when treating patients.

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. The practice had undertaken a fire risk assessment in October 2015. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. We saw records of a fire evacuation plan and fire drills had been carried out.

Are services safe?

The practice had a health and safety policy and had undertaken a range of risk assessments in March 2013. Policies and protocols were implemented with a view to keeping staff and patients safe. For example, we saw records of risk assessment for fire, eye injuries, manual handling, electrical faults and slips, trips and falls.

Infection control

The practice had an infection prevention and control policy and procedures. However, we noted the policy needed to be updated. The practice did not follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. We noted decontamination of the dental instruments took place in the treatment room. The treatment room had one sink which was being used for both hand washing and the decontamination of dental instruments. This was not in line with HTM 01-05.

A dental nurse showed us how instruments were decontaminated. Instruments were cleaned manually and using an ultrasonic bath. We observed that instruments were cleaned under running water, a thermometer was not used to check water temperatures, a and long handled brush was not used to clean instruments. The practice's decontamination procedure was not in line with guidance issued by HTM01-05. We observed the practice was not meeting these essential standards of HTM 01-05 and did not have a plan for moving towards best practice.

Staff completed infection prevention and control training every year. Following our inspection the practice sent us confirmation an additional infection control course was booked for 15 July 2017.

The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. We observed the audit was not completed appropriately. In the audit dated March 2017 the practice stated there was a dedicated decontamination room while we observed decontamination was carried out in the treatment room. The practice stated there was a dedicated hand wash sink and we observed decontamination was done in the same sink. The practice did not have a washer disinfector and the audit stated this equipment was present and validated.

The practice had undertaken a Legionella risk assessment in November 2015. We observed the practice was not following the recommended action plan. The practice was not monitoring water temperatures. Staff told us a disinfectant was used in the waterlines.

Equipment and medicines

The practice did not have all the servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. There were service contracts in place for the maintenance of equipment such as the autoclave which was serviced in May 2017 and prior to this in June 2013. The practice did not have evidence of servicing between 2013 and 2017. Following our inspection the practice sent us evidence to show the autoclave had been serviced in 2014, 2015 and 2016.

A pressure vessel check had been carried out in June 2013. The practice did not have evidence of servicing after this date. Following our inspection the practice sent us confirmation a pressure vessel check had been undertaken in August 2016. The practice had portable appliances and had carried out portable appliance tests (PAT) in May 2017. The fire extinguishers had been checked in May 2017.

The practice had suitable systems for prescribing medicines.

Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment including the local rules.

The radiation protection file did not contain the maintenance history of X-ray equipment.

We saw records which showed that the X-ray equipment was serviced in March 2011. Staff told us the X-ray equipment had been serviced after this date. Following our inspection the practice sent us confirmation that the X-ray equipment had been serviced in May 2015 and April 2016.

Staff told us the practice had a radiation protection adviser (RPA). This was not documented in the local rules. When asked the staff could not confirm the name of the RPA. Following our inspection the practice sent us confirmation

Are services safe?

of an RPA contract which had been in place from 2014. The contract had also been renewed and listed the details of the RPA. The practice had appointed a radiation protection supervisor.

The dentists did not routinely justify and grade X-rays. The practice had not undertaken an X-ray audit every year following current guidance and legislation. Following our inspection the practice sent us confirmation of an X-ray audit. We confirmed that the dentists' IRMER training for their continuous professional development (CPD) was up to date.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. Patients' needs were assessed and care and treatment was delivered in line with current guidance. The dentist told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We saw records which showed the dentist gave preventive advice in line with current guidance.

During the course of our inspection we checked dental care records to confirm our findings. The practice kept detailed dental care records and we saw evidence of assessments to establish individual patient needs.

The dentists also checked patients' general oral health including monitoring for possible signs of oral cancer. The dentists recorded when oral health advice was given.

Health promotion & prevention

Appropriate information was given to patients for health promotion. The practice website had information on gum disease and tooth decay.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as dietary advice and smoking cessation. Dental care records we checked confirmed this; for example we saw that the dentists had discussions with patients about gum disease and smoking.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

Staffing

The practice did not have an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was evidence to show that all staff members were up to date with CPD and registration requirements issued by the General Dental Council (GDC). Staff had completed training in areas such as complaints handling, consent, oral cancer screening, and legal and ethical issues.

The practice had a policy and procedure for staff appraisals to identify training and development needs. We noted appraisals had been completed in the last 12 months.

Working with other services

The practice had a referral policy and appropriate arrangements were in place for working with other health professionals to ensure quality of care for their patients. The principal dentist confirmed patients were referred to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This was usually for specialist treatments such as orthodontics, complex gum and root canal treatments, dental implants and sedation. Staff told us that patients with suspected oral cancer were referred under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to ensure they were dealt with promptly.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff showed us the practice consent policy which detailed the procedures to follow in order to gain valid consent. The policy also referred to Gillick competence and staff were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

Patients would be given time to consider the information given before making a decision. The practice asked patients to sign treatment plans and a copy was kept in the patient's dental care records. We checked dental care records which showed treatment plans signed by the patient. The practice also used consent forms for orthodontic treatment, extractions and root canal treatment.

Are services effective?

(for example, treatment is effective)

The practice had a policy on the Mental Capacity Act 2005 (MCA) and some staff had received formal training. All staff we spoke with demonstrated an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We saw records which showed that the practice sought patients' views through the practice patient satisfaction survey. We reviewed seven CQC comment cards completed by patients in the two weeks prior to our inspection and patient feedback the practice received online. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. Patients commented that they were listened to and treated with dignity and respect.

The practice had a policy on confidentiality and information governance which detailed how a patient's information would be used and stored. Staff explained how they ensured information about patients using the service was kept confidential. Patients' dental care records were computerised and paper based. The records were password protected, stored securely and regularly backed up. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment room.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists told us they used a number of different methods including tooth models, display charts, pictures, leaflets and X-rays to demonstrate what different treatment options involved so that patients fully understood.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Promoting equality

The practice had an equality and diversity policy. The demographics of the practice were mixed and 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 different backgrounds, cultures and religions.

The practice had undertaken a disability risk assessment and recognised the needs of different groups in the planning of its service. The practice was accessible to people using wheelchairs, or those with limited mobility. Treatment rooms were located on the ground floor of the premises.

The practice had a mobile ramp. There was not an accessible toilet available.

Access to the service

The practice displayed its opening hours on the door of the premises and on their website. We confirmed the practice kept waiting times and cancellations to a minimum.

We asked staff how patients were able to access care in an emergency. They told us that if patients called the practice in an emergency they were seen as soon as practicable. Emergency appointments were available in the morning and afternoon for patients who required urgent treatment. In the event of a dental emergency outside of normal opening hour's details of the practice emergency mobile number was available for patients' reference. These contact details were given on the practice answer machine message when the practice was closed.

Concerns & complaints

The practice had a code of practice for patient complaints which described how formal and informal complaints were handled. Information about how to make a complaint was available in the reception area. Improvements could be made to ensure the complaints policy included the contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

The principal dentist was responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response. The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these.

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. The practice told us they had not received any complaints in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities.

The practice had relevant policies and procedures in place such as those issues by the General Dental Council (GDC) and the Department of Health. Improvements could be made to ensure policies were regularly reviewed and updated. The practice had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments such as fire and health and safety.

The practice had undertaken a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. Improvements could be made to ensure all staff complied with the practice policy for the safe handling of sharps.

The principal dentist organised staff meetings to discuss key governance issues and staff training sessions. We saw records of regular staff meetings documenting discussions on infection control, referrals, fire safety and infection control.

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

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately.

Staff were very proud to work in the service and spoke respectfully about the leadership and support they received from the principal dentist as well as other colleagues. Staff we spoke with were confident in approaching the principal dentist if they had concerns and displayed appreciation for the leadership.

We found staff to be hard working, caring, a cohesive team and were supported in carrying out their roles.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. An infection prevention and control audit had been completed in May 2017. We observed the audit was not completed appropriately. The audit did not identify that the practice was not meeting essential standards and the practice did not have a plan for working towards best practice. The audit did not have documented learning points and was not analysed so that the resulting improvements could be demonstrated. The practice had not completed an X-ray audit. Following our inspection the practice sent us confirmation of an X-ray audit.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so. All staff members were up to date with CPD requirements.

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

Staff showed us an online forum where patients had commented on the service provided at the practice. Improvements could be made to ensure the practice had a procedure for monitoring the quality of the service provided to patients. Patient surveys had not been completed to patients' views about the service.

Staff commented that the principal dentist was open to feedback regarding the quality of the care. Staff meetings also provided appropriate forums for staff to give their feedback.