Island House Dental Care

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Inspection Report

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Overall summary

We carried out this announced inspection on 17 October 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Island House Dental Care is located in Woodbridge, Suffolk and provides private dental treatment to adults and children.

The practice is located on the ground and first floor of a purpose built accommodation, developed from a restored engine shed adjacent to the town railway station and close to the banks of the river Deben. There is one step at the front of the building, due to the lay out of the pay and display car park at the front of the practice there is limited room to use a ramp for access. There is

Summary of findings

however, level access for people who use wheelchairs and those with pushchairs through an alternative entrance at the rear of the practice where three ground floor treatment rooms are available. Car parking spaces including spaces for blue badge holders are available in the pay and display car park which surrounds the practice.

The dental team includes six dentists, a lead dental nurse and ten dental nurses, three dental hygienists, and one receptionist. A visiting endodontist and a visiting sedationist attend the practice when required. The practice has five treatment rooms.

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 Island House Dental Care is the senior partner.

On the day of inspection, we collected 47 CQC comment cards and three practice compliment sheets filled in by patients for our attention.

During the inspection we spoke with two dentists, three dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday from 9am to 1pm and from 2pm to 5.15pm. Friday from 9am to 3pm.

Our key findings were:

- Patients were positive about all aspects of the service the practice provided and spoke highly of the treatment they received, and of the staff who delivered it.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- Premises and equipment were clean and properly maintained and the practice followed national guidance for cleaning, sterilising and storing dental instruments.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Patients' care and treatment was provided in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their personal information.
- The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.
- Staff felt supported and valued and told us they enjoyed their work.
- The practice proactively sought feedback from staff and patients, which it acted upon.
- Staff felt involved and supported and worked well as a team. Staff spoke openly about how much they enjoyed working at the practice.

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?	**No action** 

Are services safe?

Our findings

We found that 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. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

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 also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery or female genital mutilation.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for any visiting staff. These reflected the relevant legislation. We looked at seven staff recruitment records. These showed the provider followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. However, there was no risk assessment in place for the evacuation of a sedated patient from the first floor treatment room. We discussed this with the dentists who confirmed they would review their risk assessment and evacuation procedures. It was also noted the practice were in the process of relocating all sedations procedures to a ground floor treatment room.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and we saw the required information was in their radiation protection file.

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

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were 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 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 the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Are services safe?

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. Immediate Life Support training with airway management for sedation was also completed.

Emergency equipment was available as described in recognised guidance. This included an automated external defibrillator (a portable external devise used to help those experiencing sudden cardiac arrest). Staff kept records of their checks to make sure these were within their expiry date, and in working order. However, we found that some sizes of airways and clear face masks were not all available in the emergency equipment instead of the recommended five. During the inspection, the practice provided confirmation that the missing masks and airways had been purchased.

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. A lone worker risk assessment was in place, however there was scope to ensure this included oversight of the specific risks associated with the hygienists working without chair side support

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

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 practice used a washer disinfector as the preferred method for cleaning dental instruments. We were told this ensured the best option for the control and reproducibility of cleaning, in addition the cleaning process could be validated. Staff completed infection prevention and control training and received updates as required.

The provider had suitable 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. There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

We found staff had systems in place to ensure that any work was 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, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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.

Information to deliver safe care and treatment

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 a sample of dental care records to confirm our findings and noted that individual records were written 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 (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

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

There was a suitable 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.

Are services safe?

We saw staff stored and kept records of private prescriptions as described in current guidance.

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

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines. We noted that guidance on sepsis (a serious complication of an infection), was displayed and staff had a clear understanding of the implications of sepsis and the common signs and symptoms.

Track record on safety, and lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice. There was scope for the practice to review a wider range of incidents as events and to expand this into a more comprehensive educational tool. We discussed this with the management team who confirmed this would be reviewed.

There was a system for receiving and acting on safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency. 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 that 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 practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Clinical staff were aware of Local Safety Standards for Invasive Procedures (LocSSIPs).

The practice offered dental implants. These were placed by one of the partners who had undergone appropriate post-graduate training in the provision of dental implants which was in accordance with national guidance.

Staff had access to intra-oral cameras to enhance the delivery of care. We received 47 comment cards that had been completed by patients prior to our inspection. All the comments received reflected high patient satisfaction with the quality of their dental treatment and the staff who delivered it. One patient stated; All the staff make every effort to make sure I understand procedures and am comfortable and happy with the treatments. Since joining them I have felt looked after and cared for. Another stated the service and treatment I have received have been excellent with sound staff and patient communication, enabling me to build a good understanding of my dental condition.

Helping patients to live healthier lives

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

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

The dentists/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 health promotion leaflets to help patients with their oral health.

Staff were aware of national oral health campaigns and local schemes in supporting patients to live healthier lives. For example, local stop smoking services. They directed patients to these schemes when necessary.

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

Records showed patients with more 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 dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in patient 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 the age of 16 years of age may give consent for themselves. 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.

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

The practice carried out conscious sedation for patients who were nervous. This included people who were very

Are services effective?

(for example, treatment is effective)

nervous of 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 appropriately 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 American Society of Anaesthesiologists classification system in accordance with current guidelines.

The records showed that staff recorded important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, dental nurses were supported with appropriate clinical training programmes and dentists often accessed specialist training courses.

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

Staff discussed their training needs at annual appraisals, one to one meetings and during clinical supervision. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

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 if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Staff monitored all referrals to make sure they were dealt with promptly.

The practice was a referral clinic for implant, endodontics and procedures under sedation and we saw they monitored and ensured the dentists were aware of all incoming referrals daily.

Are services caring?

Our findings

We found that 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 excellent, professional and very knowledgeable. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort. Several members of staff were longstanding members of the team and described how they had built strong relationships with the patients and their families.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. 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 any paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and were aware of the

requirements under the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English.
- Staff communicated with patients in a way that they could understand. We noted clinicians left their treatment rooms and came out into the reception area to invite patients through for their treatment. They engaged with patients in friendly and reassuring discussion prior to their treatments.
- Icons on the practice computer system notified staff if patients had specific requirements or a disability.
- Information about the practice, oral health or treatment was available in other formats and languages if required.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

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. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet 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 photographs, models, videos, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and 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 that 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 on the importance of emotional support needed by patients when delivering care and shared examples of how the practice met the needs of more vulnerable members of society such as patients with a dental phobia.

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

Staff described the adjustments they provided for some patients to enable them to receive treatment. Anxious patients commented that staff were caring and the practice put them at ease and helped them relax. One patient commented that they felt confident and safe in their hands. Another patient stated that their anxieties were recognised, talked about and dealt with in the best possible manner

The practice had made reasonable adjustments for patients with disabilities. This included a rear step free access, three ground floor treatment rooms, a hearing loop, reading glasses and an accessible toilet with hand rails and a call bell. Staff supported patients that had mobility issues and required assistance.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

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 an acceptable timescale for their 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.

Private out of hours care was provided directly from the practice. The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. One patient commented; it's easy to get hold of someone and get appropriate treatments.

Listening and learning from concerns and complaints

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

The practice policy provided guidance to staff on how to handle a complaint. There was information displayed in the reception and waiting area which explained how to make a complaint.

The principal dentists were responsible for dealing with these. Staff would tell the principal dentists about any formal or informal comments or concerns straight away so patients received a quick response.

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

We looked at comments, compliments and complaints the practice received since January 2019.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the principal dentists had the capacity and skills to deliver high-quality, sustainable care and demonstrated they had the experience, capacity and skills to deliver the practice strategy and address risks to it.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them and others to make sure they prioritised compassionate and inclusive leadership.

We saw the principal dentists had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a clear vision and set of values which was set out in the practice statement of purpose. These included,

- To provide high quality dentistry.
- To have a patient-centred approach, with clarity and open communication.
- A warm friendly, caring environment with trained, dedicated and helpful staff.
- To respond to feedback and be responsive to patient needs.
- To offer daily emergency appointments.
- Patients accommodated downstairs where required.
- To break down the barriers that nervous patients have accessing dental treatment through warm, friendly but professional environment and the dentistry provided.

The strategy was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population. For example, the provision of treatment under conscious sedation for patients who were nervous.

Culture

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

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

The staff focused on the needs of patients. As a result of patient survey feedback, the practice ensured a wider range of newspapers were available for patients to read. Other suggestions were under review including the use of plastic cups and higher chairs in the waiting room.

We saw the principal dentists had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The principal dentists were aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. There was a wipe board available in the staff room, all staff were encouraged to add their thoughts, comments and learning outcomes to the board which were then discussed at staff meetings. Staff commented that they found this very helpful and the principal dentists were always very responsive to any comments, concerns or requests they raised.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentists had overall responsibility for the management and clinical leadership of the practice. Staff had been allocated lead roles across the service supported by the principal dentists who were 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.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

Are services well-led?

The principal dentists 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 high-quality sustainable services.

The principal dentists used patient surveys, comment cards and verbal comments to obtain patients' views about the service. We saw examples of suggestions from patients the practice had acted on.

The principal dentists gathered feedback from staff through meetings, the practice wipe board and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

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

The principal dentists showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.