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The London Centre for Prosthodontics

Inspection Report

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Overall summary

The London Centre for Prosthodontics is a private practice and referral centre providing both general and specialist dental treatment. This includes restorative and prosthodontic treatment. The practice treats mostly adults and sometimes children and is situated in a central London location close to transport links.

The practice shares facilities and many of its systems and processes with another dental provider. The premises consists of a large, comfortably furnished waiting area with a separate reception area to ensure privacy and dignity for patients when discussing sensitive matters in relation to their dental treatment. The premises has five treatment rooms and a dedicated decontamination area located away from public access.

The staff structure of the practice consists of the provider, a practice manager, three other dentists, three dental nurses and a receptionist. The practice has the services of two part time dental hygienists who carry out preventative advice and treatment on prescription from the dentists working in the practice. A number of the dental nurses carry out extended duties (for which they have attended certified training courses) including taking of X-rays.

We found the practice was clean, modern and well equipped and maintained surroundings. At our visit we observed all members of staff were kind, caring and put patients at their ease and led by an effective practice management team.

Our key findings were;

- There were effective systems in place to reduce the risk and spread of infection.
- We found all treatment rooms and equipment appeared very clean.
- There were systems in place to check all equipment had been serviced regularly, including the suction compressor, autoclave, fire extinguishers, oxygen cylinder and the X-ray equipment.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals
- The practice had a comprehensive risk management process which was continually being updated and reviewed to ensure the safety of patients and staff members.
- The practice kept up to date with current guidelines and research.

Summary of findings

- The governance arrangements of the practice were evidence based and developed through a process of continual learning.

We reviewed 21 comment cards that had been completed by patients. Common themes were patients felt they were listened to and their needs catered for, the environment felt safe and hygienic and staff were always friendly and caring.

There were also areas of practice where the provider could take action to make improvements;

- Ensure the justification, findings and quality assurance of X-ray images taken is recorded. We noted the provider took immediate steps on the day of our inspection to action this.
- Although we found no deficiencies in the infection prevention and control procedures, the practice should ensure their infection control processes are audited every six months (rather than annually as they currently do) to assess compliance with Department of Health guidance.

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?

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

Are services effective?

The dental care provided was evidence based and focussed on the needs of the patients. We saw examples of collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

Patients told us (through comment cards) they had very positive experiences of dental care provided at the practice. Patients felt well supported and involved with the discussion of their treatment options which included risks and benefits. Staff displayed compassion, kindness and respect at all times. Staff spoke with passion about their work and told us they were proud of what they did.

Are services responsive to people's needs?

The practice provided friendly, personalised dental care. Patients could access treatment and urgent and emergency care when required. The practice offered dedicated emergency slots each day enabling effective and efficient treatment of patients with dental pain.

Are services well-led?

The practice had effective clinical governance and risk management structures in place. The practice partners and practice manager were very approachable and the culture within the practice was seen as open and transparent. Staff were aware of the overall vision and ethos of the practice and said that they felt well supported and could raise any concerns with the practice partners and the practice manager. All staff told us they enjoyed working at the practice and would recommend to a family member or friends.

The London Centre for Prosthodontics

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was carried out on 10th December 2014 by an inspector and a specialist dental advisor. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, five clinical patient records and other records relating to the management of the service. We spoke to the two dental practice partners, one of whom was also the provider, the dental hygienist, three dental nurses, the practice manager and the receptionist. We also reviewed 21 comments cards completed by patients.

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

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

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

Are services safe?

Our findings

Learning and improvement from incidents

There was an effective system in place to learn from and make improvements following any accidents or incidents. Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We found one minor incident which had been reported, investigated and measures put in place to prevent recurrence.

Reliable safety systems and processes including safeguarding

We looked at the documentation around safeguarding and abuse. The practice had clear policies and procedures in place for child protection and safeguarding people using the service which included contact details for the local authority safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed recent safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them.

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

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). An easy to follow flow diagram detailed the actions staff should take if an injury from using sharp instruments had occurred.

Infection control

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

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

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

An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. This was in accordance with the procedure for decontamination of instruments which was displayed. We observed there was no dedicated hand wash sink available in the decontamination room which could have posed a risk of infection spreading if staff members had not washed their hands effectively. The provider had identified and reduced this risk by ensuring staff members used alcohol gel to clean their hands effectively during the decontamination process.

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

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

We observed how waste items were disposed of and stored. The provider had an on-going contract with a clinical waste contractor. We saw the differing types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of

Are services safe?

sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of. This was in line with the recommended guidance.

We looked at the treatment rooms where patients were examined and treated. All rooms and equipment appeared very clean.

Staff told us the importance of good hand hygiene was included in their infection control training. A hand washing poster was displayed near to the sink to ensure effective decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

The practice followed infection control guidance when carrying out dental implant procedures. This included the use of sterile solution for irrigation, surgical drapes, clinical gowns and ensuring instruments were reprocessed in a vacuum type autoclave.

There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread.

Records showed a risk assessment process for legionella had recently been carried out. This process ensured the risks of legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk of patients and staff developing Legionnaires' disease.

Equipment and medicines

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

There was a system in place for the reporting and maintenance of faulty equipment such as dental drill hand pieces. Records showed and staff confirmed repairs were carried out promptly which ensured there was no disruption in the delivery of care and treatment to patients.

A recording system was in place for the prescribing, recording, dispensing and stock control of the medicines used in clinical practice. The systems we viewed were complete, provided an account of medicines prescribed, and demonstrated patients were given their medicines when required. The batch numbers and expiry dates for local anaesthetics were recorded. These medicines were stored safely for the protection of patients.

Monitoring health & safety and responding to risks

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

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

The practice had carried out comprehensive 'patient journey' and 'staff journey' risk assessments. This meant they had taken measures to identify all potential risks to both patients and staff and developed ways in which to prevent or minimise those risks. This formed part of a comprehensive risk management process which was continually being updated and reviewed to ensure the safety of patients and staff members.

Risk assessments for the safety and security of confidential information had been carried out with actions needed identified and completed.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. We observed the emergency medicines were clearly labelled which ensured the appropriate medicine could be accessed quickly in an emergency.

Are services safe?

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

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for five dental nurses. Each file contained evidence that satisfied the requirements of schedule 3 of the Health and Social Care Act, 2008. This included application forms, employment history, evidence of qualifications, questions and answers from interviews, and photographic evidence of the employee's identification and eligibility to work in the United Kingdom. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

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

We noted not all staff files contained written references and discussed this with the provider. They told us most of the staff were either previously known to them as they had worked together in other establishments or had been recommended by professional colleagues. The provider agreed that documenting this process would help demonstrate the robustness of the practice recruitment procedures. They told us references would always be sought for staff members who were not previously known to them.

We found there were clear procedures in place to monitor and review when staff were not well enough to work and we saw evidence of where this protocol had been applied.

Radiography

We checked the provider's radiation protection file as X-rays were taken and developed at the practice. We also looked at X-ray equipment in use at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine were displayed in accordance with guidance. We found procedures and equipment had been assessed by an independent expert within the recommended timescales.

A recent audit of the personal dosimeters worn by staff showed they were operating within safe and accepted levels of radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

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

The practice asked patients to sign consent forms for some dental procedures to indicate they understood the treatment and risks involved.

Staff demonstrated an understanding of the Mental Capacity Act 2005 and how this applied in considering whether or not patients had the capacity to consent to dental treatment. They explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

Monitoring and improving outcomes for people using best practice

We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded a detailed examination of a patient's soft tissues (including lips, tongue and palate) and their use of alcohol and tobacco. These measures demonstrated to us a risk assessment process for oral disease. We found the justification, findings and quality assurance of X-ray images taken was not always recorded. We discussed this with the provider who agreed this information should be included to ensure a full record is kept.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

The provider told us all the dentists working at the practice lecture at a local teaching hospital and more widely at other learning establishments. This enabled them to keep up to date with current guidance, latest techniques and good practice and helped inform care and treatment pathways for their patients.

Working with other services

The practice had an effective system in place for accepting and monitoring referrals for dental treatment and specialist procedures from general dental practitioners and other colleagues. The provider told us the practice involved other professionals and specialists in the care and treatment of patients where it was in the patient's best interest. This included co-ordinating treatment plans and advice before, during and after treatment to ensure the maintenance of effective care and support.

The practice website offered a downloadable proforma for referring dentists to complete and submit ensuring the practice had all the information required to effectively assess the patient's needs. An audit had been recently undertaken to assess the quality of X-rays submitted from referring colleagues. The results had been analysed and collective feedback given to referring dentists in order to improve the quality of images taken. The referral form was in the process of being updated so the referring dentist could include the justification and quality assurance of X-rays. This minimised the necessity for and risk of further X-ray exposure.

Health promotion & prevention

The practice promoted the maintenance or good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

Records showed patients were given advice appropriate to their individual needs such as smoking cessation or diet advice.

Staffing

There was an induction programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. Staff had undertaken training as a team to ensure they kept up to date with the core training and registration

Are services effective?

(for example, treatment is effective)

requirements issued by the General Dental Council. This included areas such as responding to medical emergencies, infection control and prevention, early detection of oral cancer and radiography/radiation protection.

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

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The provider and staff explained to us how they ensured information about patients was kept confidential. Patients' clinical records were stored electronically; password protected and regularly backed up to secure storage. Archived paper records were kept securely in a locked cabinet. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment rooms or in another room if they preferred.

Patients told us through comment cards they were always treated by kind, caring and attentive staff. One person reported they had been particularly anxious about needing a tooth extracted as they were afraid of needles. They told us the staff had been extremely patient, caring and respectful of their needs.

A staff member described how they had supported a very nervous person who had had a bad experience elsewhere. They felt they had been able to effectively support and reassure the person as extra time had been allowed to familiarise the patient with the environment before attempting any treatment.

Involvement in decisions about care and treatment

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

We saw there was software available which provided video demonstration for patients to explain periodontal (gum) and implant procedures. Information leaflets were also available on a wide range of treatments and disorders such as gum disease, care of implants and restorations, tooth whitening and temporomandibular joint (TMJ) dysfunction. These were used to supplement a comprehensive treatment plan which was developed following examination of and discussion with the patient.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator. We saw the practice held contact details for a local interpreter service.

People using wheelchairs had access to a bell at the front entrance which alerted the porter they required assistance. A ramp was available to support people using wheelchairs or with limited mobility to enter the practice. Although the whole practice was not fully accessible, arrangements were made to treat patients in a more accessible treatment room if they had required it.

Access to the service

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

Concerns & complaints

There was a comprehensive complaints policy which provided staff with detailed information about all aspects of handling formal and informal complaints from patients.

Information for patients about how to make a complaint was displayed in the practice waiting room. Detailed information about making a complaint was also available on the practice website. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We 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.

One patient had complained the carpet in the waiting room had started to look a little worn. The practice had responded by replacing the carpet as they wanted to ensure patients felt comfortable in their surroundings. Another person had complained empty paper cups in the waiting room made the place look untidy. The practice had introduced a system to ensure the waiting room was regularly checked throughout the day for tidiness.

Are services well-led?

Our findings

Leadership, openness and transparency

Staff reported there was an open culture at the practice and they felt valued and supported by the practice management both as individuals and as part of a team. Staff felt they could raise issues at any time with the practice partners or manager without fear of discrimination. Dental nurses tended to discuss issues with the lead dental nurse however they said they felt equally comfortable reporting to the practice management who were very approachable. All staff told us it was a nice environment to work in and they enjoyed coming to work at the practice.

Governance arrangements

The governance arrangements of the practice were evidence based and developed through a process of continual learning. Although the practice manager had responsibility for the day to day running of the practice, the practice partners were always available to lead and contribute as and when necessary. The practice partners held regular meetings with the practice manager to discuss and address any issues.

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

Patients were regularly asked if they were satisfied with the care and treatment they received. There was a system in place to act upon suggestions received from patients.

Records showed the practice conducted regular staff meetings. Staff members told us they found these were a useful opportunity to share ideas and experiences which were always listened to and acted upon.

Management lead through learning and improvement

There had been audits on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. However, these were not always undertaken every six months, as recommended in HTM 01-05 guidance, to ensure compliance with essential quality standards. The most recent audit indicated the facilities and management of decontamination and infection control were managed well.

The practice regularly audited areas of their practice as part of a system of continuous improvement and learning. For example a hand wash audit had highlighted the need for staff to remove their wedding bands to ensure effective hand decontamination and hygiene.

A mock medical emergency scenario had been undertaken to test the reaction of staff and response time from each treatment room and communal area of the practice. This demonstrated staff could react and respond in a timely and appropriate way. The practice had discussed as a team any areas where improvements could be made as a result. The outcome was to modify their emergency medicines kit by clearly labelling which medical emergency scenario each medicine was used for so that it could be quickly accessed in an emergency situation.