

Dr. Hiten Pabari

Blue Sky Dental

Inspection Report

64 Baddow Road
Chelmsford
Essex
CM2 0DL
Tel: 01245 211070
Website: www.blueskydental.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 8 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Blue Sky Dental is a private practice located in the town centre of Chelmsford, Essex. The town has good transport links, there is limited on street parking and a public car park nearby. The practice offers specialist dental services only. The practice accepts NHS referrals for specialist dentistry but does not undertake any routine dentistry. The practice does not treat any patients under the age of 16 years old.

The practice team comprises of seven specialist dentists, a hygienist, three dental nurses and one trainee dental nurse. There was also one full-time receptionist.

We received feedback from 15 patients which was all positive about the care and treatment they received from all staff.

Our key findings were:

- The practice did not have robust or effective systems for reporting, recording and analysing significant events. There had not been any significant events identified in the last five years.
- The practice had a complaints policy in place. Complaints were acknowledged and dealt with and shared with relevant staff. However learning from complaints was not reviewed to help minimise recurrences.
- There was a lack of checking procedures to check that all staff who worked at the practice had up to date basic life support training.

Summary of findings

- The practice had some systems to assess and manage risks to patients. Some of these were not followed consistently. There was no legionella risk assessment.
- Recruitment checks were inconsistent with the practice policy, for example, references were not taken, and proof of identification was not always provided.
- The practice had a defibrillator, emergency oxygen and emergency medicines available and all staff knew of their location.
- Staff had received safeguarding training and knew the procedures to follow to raise any concerns.
- There were sufficient numbers of suitably qualified staff to meet patients' needs
- Infection control procedures were in place and the practice followed national guidance. Annual infection control audits had been carried out.
- Patients' care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear and detailed explanations about their proposed treatment, costs, options and risks. Patients were therefore able to make informed decisions about their choice in treatments.
- We observed that patients were treated with dignity and respect and confidentiality was maintained.

- The appointment system met patients' needs whether they wanted to be seen urgently or for routine appointments.

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

- Review the practice's system for the recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and, ensuring that improvements are made as a result.
- Review the arrangements for assessing and managing the risks of legionella.
- Review the arrangements for staff recruitment to ensure that all of the appropriate checks are carried out and records in respect of these are maintained.
- Review the arrangements for monitoring training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and appraisal of all staff.
- Review the practice's complaints policy to ensure complaints are recorded thoroughly and share learning outcomes.
- Review the way in which information is shared with staff to enable feedback. Implement a system of sharing information with and enabling feedback from staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had a policy in place to record, analyse and share significant events; however there were no procedures in place to support this. There were no significant event reporting forms available and no significant events had been identified in the last five years. Staff we spoke with did not have a clear understanding of how to recognise or deal with a significant event.

The practice had a safeguarding vulnerable adults and children policy and procedure. Staff demonstrated an awareness of the signs of abuse and knew their duty to report any concerns about abuse.

Latex free rubber dams were used when carrying out root canal treatments in line with guidance from the British Endodontic Society.

We saw evidence that medical alerts were flagged to clinicians when treatments took place.

The practice had equipment readily available for dealing with medical emergencies including a defibrillator, emergency medicines and oxygen; staff knew of their locations.

The practice had carried out their own fire risk assessment. Fire safety equipment was checked and tested regularly. Fire drills were carried out; however records were not available in respect of these.

The practice had a staff recruitment policy in place, however this was not being adhered to; not all pre-employment checks were in place, for example references were not sought and proof of identification were missing for many staff.

The practice followed national guidance from the Department of Health in respect of infection control. Infection control audits were carried out as required.

X-rays were carried out in line with the Ionising Radiation Regulations 1999 (IRR 99) and in line with the Faculty of General Dental Practitioners (FGDP) guidelines.

Are services effective?

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

Patients were assessed at the start of each consultation and their medical history was updated. The results of assessments were discussed with patients and the treatment options and costs were explained.

Dentists and clinical staff were aware of National Institute for Health and Care Excellence (NICE).

Advice was given to patients on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health.

There were enough suitably qualified and experienced staff to meet patients' needs. Staff were encouraged to update their training, and maintain their continuing professional development (CPD).

Referrals were made to other services in a timely manner when further treatment or treatment outside the scope of the practice was required.

Staff we spoke to had not received any training in the Mental Capacity Act (MCA) 2005 but did have a basic understanding, and consent was carried out in line with relevant legislation including the MCA.

Summary of findings

Are services caring?

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

All comments from patients at the practice were positive about the care and treatment they received.

Patient's confidentiality was maintained at all times. Staff treated patients with privacy, dignity and respect. Patient electronic records were stored securely on the computer. Any paper notes kept were also stored securely.

Are services responsive to people's needs?

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

The practice provided patients with detailed information about the services they offered on their website and within the practice. The appointment system responded promptly to patients' routine needs and when they required urgent treatment. Longer appointment times were available for patients who required extra time or support.

The practice building was suitable for those who had impaired mobility.

There was a complaints policy and procedure in place, however learning from complaints were not reviewed to drive improvement.

Are services well-led?

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

The practice owner took a lead in the day to day running of the practice; there was not a practice manager in place at the time of our inspection.

On-going continuous professional development was encouraged and opportunities for training were offered to staff. Staff received appraisals, however we were told these were very brief and did not give an opportunity for constructive feedback.

There was an overarching governance framework in place to monitor and improve patient safety. However some improvements were needed. Practice specific risk assessments had not been completed with regards to health and safety and legionella.

The systems for monitoring staff recruitment and training were not robust or followed consistently.

The practice did not have any meetings documented since 2013. We were told staff discussed any concerns briefly on an ad-hoc basis and that information was shared with staff via email.

Blue Sky Dental

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection at Blue Sky Dental on 8 March 2016.

The inspection was led by a CQC inspector and included a dental nurse specialist advisor.

During the inspection we spoke to staff, observed staff and patient interactions, reviewed documents and patient feedback.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice did not have robust procedures in place to investigate, respond to and learn from significant events. No significant events had been identified in the last five years and staff we spoke to were not clear on the meaning or importance of significant events.

The practice had limited records of complaints received; however these records were not comprehensive and did not outline the timescale of the complaint or any learning that had taken place. There had not been any documented staff meetings since 2013. The principle dentist told us that complaints were shared with other relevant staff via email. However there was no evidence that learning from incidents or complaints had been acted upon and reviewed to minimise recurrence.

There was a system for reporting injuries under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013. Staff we spoke with were aware of these reporting systems. No incidents had been reported in the last twelve months.

The practice received Medicines and Healthcare products Regulatory Agency (MHRA) alerts via email. Individual clinicians took responsibility for checking these alerts. These alerts identify any problems or concerns relating to a medicine or piece of medical equipment, including those used in dentistry.

Reliable safety systems and processes (including safeguarding)

The practice had a safeguarding vulnerable adults and children policy and procedure and key information and contact details for the local authority was available. The staff members we spoke with had received safeguarding training and demonstrated an awareness of the signs of abuse and their duty to report any concerns about abuse. There was an identified lead for safeguarding in the practice who had undertaken the appropriate level of safeguarding training.

We asked how the practice treated the use of instruments which were used during root canal treatment. Staff explained that these instruments were single use only. They also explained that root canal treatment was carried out using a latex free rubber dam. (A rubber dam is a thin,

rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth). Patients could be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

We saw evidence that medical alerts were flagged to clinicians when treatments took place. This included alerts regarding patients who had a latex or antibiotic allergy.

The practice had procedures in place to assess the risks in relation to the control of substances hazardous to health (COSHH). This included any chemical which could cause harm if accidentally spilt, swallowed, or came into contact with the skin. For example, cleaning materials and all dental materials used in the practice. Each of these had been risk assessed and recorded in the COSHH file which all staff were aware of. Hazardous materials were stored safely and securely. The practice kept data sheets from the manufacturers in the COSHH file to inform staff what action to take in the event of a spillage, accidental swallowing or contact with the skin.

Staff and patients were provided with personal protective equipment (PPE) (gloves, aprons, masks and visors to protect the eyes). We found sufficient PPE available for practice staff and patients.

Portable electrical equipment had not been tested within the previous 12 months and the principal dentist demonstrated that this equipment had been purchased within the previous two years and therefore did not require these checks. There were arrangements in place for carrying out visual checks on electrical equipment to detect any signs of wear and tear and to help ensure that this equipment worked properly.

Medical emergencies

The practice had procedures and equipment in place for dealing with medical emergencies. Emergency equipment included a defibrillator, emergency medicines and oxygen. This was in line with the Resuscitation Council UK guidelines.

We checked the emergency medicines and all medicines were in date. We saw records which demonstrated that staff had checked medicines and equipment to monitor stock levels, expiry dates and to make sure that equipment was in working order.

Are services safe?

The practice did not have systems in place for checking that all staff who worked there had up to date basic life support training. Not all staff files included evidence of basic life support training. We spoke with the practice training provider who was able to confirm that some staff had recently attended a training course and certificates would be provided. Other staff were unable to provide evidence of this training. Staff we spoke to were able to demonstrate their knowledge of how to deal with emergencies within the practice.

The practice had a first aid kit and accident book available within the practice.

Staff recruitment

The practice had a recruitment policy for the employment of new staff; this identified the checks that should be undertaken during the recruitment process. They included obtaining proof of identity, checking skills and qualifications, registration with professional bodies, references and a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person had a criminal record or was on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

We reviewed staff recruitment files for 11 members of staff. We found that this recruitment policy was not being adhered to. References had not been sought for the majority of staff in the practice and proof of identification was missing from several staff files, this included staff recruited since the practice was registered with CQC. We were told that this was because the practice only employed people they knew.

DBS certificates were included in some of the staff files we reviewed. We found that these certificates had been supplied by staff and the checks had been made by other employers in the past.

The practice did not have an adequate induction system for new staff. We saw an old induction policy which was out of date and there was no record of staff completing any induction.

There were sufficient numbers of suitably qualified and skilled staff working within the practice.

Monitoring health & safety and responding to risks

There was a health and safety policy available.

The practice had a basic fire risk assessment. Fire extinguishers were serviced annually and fire alarms were checked regularly. The principle dentist told us that fire evacuation drills were carried out every three months but could find no records of these.

Infection control

The practice had an infection control policy available. The practice staff undertook cleaning duties and had appropriate cleaning schedules in place. The practice had systems for auditing the infection control procedures. We saw records of an Infection Prevention Society (IPS) infection control audit that had been completed in line with recommendations in the Department of health document HTM01-05.

We found that there was an adequate supply of liquid soaps and hand towels throughout the practice. Sharps bins were signed and dated and did not pass their identified capacity. A clinical waste contract was in place and waste was appropriately stored until collection. We saw waste consignment notes from an approved contractor.

We looked at the procedures the practice used for the decontamination of used or dirty dental instruments. The practice had a specific decontamination room that had been arranged according to the Department of Health's guidance: Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

Within the decontamination room there were clearly defined dirty and clean areas to reduce the risk of cross contamination and infection. Staff wore appropriate personal protective equipment during the process and these included gloves, aprons and protective eye wear.

The practice had two autoclaves designed to sterilise non wrapped or solid instruments. At the end of the sterilising procedure the instruments were dried on racks, packaged, sealed, stored and dated with an expiry date. We looked at the sealed instruments in the surgeries and found that they all had an expiry date that met the recommendations of HTM01-05.

The equipment used for cleaning and sterilising was maintained and serviced in line with the manufacturer's

Are services safe?

instructions. Records were kept of decontamination cycles to ensure that equipment was functioning properly. Records showed that the equipment was in good working order and being effectively maintained.

Staff wore personal protective equipment (PPE) when cleaning instruments and treating patients who used the service. Our observations supported this. Staff files showed that staff had received inoculations against Hepatitis B. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

The practice had a needle stick injury policy which the staff were aware of and staff were able to describe what action they would take if they had a needle stick injury. A needle stick injury is the type of injury received from a sharp instrument or needle.

There was no legionella risk assessment in place to ensure the risks of Legionella bacteria developing in water systems within the premises were identified or actions were taken to reduce the risk of patients and staff developing Legionnaires' disease. Dental line checks were completed daily. (Legionella is a bacterium found in water systems and can contaminate dental units if effective controls are not in place).

Equipment and medicines

Medical equipment was monitored to ensure it was in working order and in sufficient quantities; however there were no records of portable appliance testing.

Medicines in use at the practice were stored and disposed of in line with published guidance. There were sufficient stocks available for use. Emergency medicines were checked and were in date. Emergency medicines were located centrally but securely for ease of use in an emergency. Emergency equipment including a defibrillator and oxygen were also available.

Radiography (X-rays)

The practice had x-ray equipment including a Computed Tomography (CT) scanner. X-rays were taken in line with the Ionising Radiation (Medical Exposure) Regulations (IRMER) regulations 1999.

A radiation protection advisor and a radiation protection supervisor had been appointed to ensure that the equipment was operated safely and by qualified staff only. This was as identified in the Ionising Radiation Regulations 1999 (IRR 99).

The practice had documentation to demonstrate the X-ray equipment had been maintained at the recommended intervals. Records we viewed demonstrated that the X-ray equipment was regularly tested and serviced with repairs undertaken when necessary.

The practice monitored the quality of its X-ray images on a regular basis by carrying out annual X-ray audits. This reduced the risk of patients being subjected to further unnecessary X-rays. Patients were required to complete medical history forms and the dentist considered each patient's individual circumstances to ensure it was safe for them to receive X-rays. This included identifying where female patients of child bearing age might be pregnant. Dental records showed that information related to X-rays was recorded and followed guidance from the Faculty of General Dental Practice (UK) (FGDP-UK). This included justification, quality assurance and a report on the findings of the X-ray.

We saw that the practice used digital radiography which significantly reduced radiation and the need to use chemicals for developing and processing X-rays. We saw such radiographs were embedded in the patient's electronic records which meant all information contained in them was easily accessible for clinicians.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Staff told us that at the start of each patient consultation, patients were assessed. The assessment included taking a medical history from new patients and updating information for returning patients. This included health conditions, current medicines being taken and whether the patient had any allergies.

Staff told us that the results of each patient's assessment was discussed with them and treatment options and costs were explained. The dental records were updated with the proposed treatment after discussing the options.

Patients were monitored through follow-up appointments in line with National Institute for Health and Care Excellence (NICE) guidelines. Staff were aware of NICE guidelines.

We reviewed feedback left by patients in CQC comment cards. All feedback was positive regarding staff attitudes, the care and treatment received and the facilities provided.

Health promotion & prevention

The waiting room and reception area at the practice contained a range of literature that explained the services offered at the practice in addition to information about effective dental hygiene and how to reduce the risk of poor dental health. Patients were advised on how to maintain good oral hygiene and the impact of diet, tobacco and alcohol consumption on oral health as well as the importance of having regular dental check-ups as part of maintaining good oral health.

Staffing

The practice had seven specialist dentists working at the practice. There were three dental nurses, a trainee dental nurse and one dental hygienist. There was also one full-time receptionist.

Clinical staff had appropriate professional qualifications and were registered with their professional body. Staff were encouraged to maintain their continuing professional development (CPD) to maintain their skill levels. CPD is a

compulsory requirement of registration with the General Dental Council (GDC). CPD contributes to the staff members' professional development. Staff said they were supported in their learning and development and to maintain their professional registration.

Some staff files showed details of the number of hours staff members had undertaken and some training certificates were also in place in the files, however this was inconsistent and not always monitored.

The practice had a basic system for appraising staff performance; however the system gave little opportunity for detailed feedback to be provided. The records showed that some appraisals had taken place. Staff said they felt supported and involved in discussions about their personal development. They told us that the provider was supportive and available for advice and guidance.

Working with other services

The practice had systems in place to refer patients to other practices or specialists if the treatment required was not provided by the practice. This was rare due to the specialisms offered by dentists within the practice but did include referrals for specialist treatments not available within the practice.

Consent to care and treatment

The practice had a policy for consent to care and treatment. We saw evidence that patients were presented with treatment options and consent forms which were signed by the patient. Documents within the practice demonstrated staff were aware of the need to obtain consent from patients and this included information regarding those who lacked capacity to make decisions.

One member of staff had received Mental Capacity Act 2005 (MCA) training. Other members of staff we spoke with did have a basic understanding of the MCA. The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make particular decisions for themselves.

The practice did not treat any patients aged 16 years and under.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We saw that staff at the practice were treating patients with dignity and respect. Discussions between staff and patients were polite, respectful and professional. A private room was available to protect patient's privacy.

We saw that patient electronic dental care records were held securely on the computer and any paper dental care records were kept securely.

We reviewed Care Quality Commission comment cards that had been completed by patients, about the services

provided. All comment cards contained positive comments about the services provided. Patients said that practice staff were professional and the care and treatment provided was of a good standard.

Involvement in decisions about care and treatment

Care Quality Commission comment cards completed by patients included comments about how treatment was explained in a way the patients could understand. Feedback from patients spoken with showed they had been involved in all decisions relating to their care and treatment at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered on their website in addition to a range of patient information that was available in the waiting room. We found the practice had an appointment system to respond to patients' routine needs and when they required urgent treatment. For example, patients who required a routine appointment were normally offered one within six weeks. Those who were in pain were offered an emergency same day appointment during normal working hours.

The length of appointments and the frequency of visits for each patient was based on their individual needs and treatment plans. Longer appointments were available for patients who needed more time.

Tackling inequity and promoting equality

The practice only provided specialist dental treatment to adults, this was predominantly to private patients although NHS referrals were accepted.

The practice building was purpose built and suitable for those who had impaired mobility. All facilities were on the ground floor and accessible to people with restricted mobility. Doorways and corridors were wide enough to accommodate those who used wheelchairs.

Staff members told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious.

Access to the service

The practice opening hours were Monday to Friday 9.00am to 5.30pm. Feedback from patients about the appointments system was positive.

Concerns & complaints

The practice had a complaints policy available, however the two complaints we reviewed, one of which was on-going, had not been dealt with in accordance with the policy. They had not been recorded in detail and had not been discussed with staff to encourage learning.

Are services well-led?

Our findings

Governance arrangements

The practice owner took a lead in the day to day running of the practice; there was no practice manager employed at the time of our inspection.

The practice had limited arrangements in place for monitoring and improving the services provided for patients. For example, audits were carried out to monitor the quality of care. However some there were insufficient systems in place for checking that appropriate checks were carried out when new staff were employed and that they had up to date training. Improvements were needed to ensure that learning from when things went wrong was shared and used to monitor and improve the quality and safety of the services provided.

There was a range of policies and procedures in use at the practice, however some of these such as the recruitment policy did not reflect the day to day activities undertaken within the practice.

The practice used a dental patient computerised record system and all staff had been trained to use the system.

We found that staff were aware of their roles and responsibilities within the practice.

Leadership, openness and transparency

The practice had an open culture which included focused on specialist patient care. We found lines of responsibility within the practice. Staff told us that they could speak with the provider if they had any concerns. Our observations together with comments from patients and staff confirmed that all staff were able to discuss any professional issues openly. Staff said they felt respected and involved in the practice.

We viewed two complaints received and the practice had responded in an honest manner.

The practice had a whistle blowing policy for staff to raise concerns in confidence. Staff told us that they felt confident that they could raise concerns and knew the procedure for whistleblowing and who they could speak with about those concerns.

Learning and improvement

The practice aimed to deliver high quality, specialist dental care. All staff we spoke to were aware of this value and worked towards this at all times. All clinical staff were aware of NICE guidelines and ensured they delivered best practice to their patients.

Continual professional development was encouraged and the practice owner promoted learning opportunities.

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

The practice ensured that patients were involved in making decisions about their care and treatment and this information was recorded in their records. Testimonials on the practice website were positive and included comments that they received a professional service and good quality care and treatment.

Feedback from patients to CQC in the comment cards received also said they were happy with the care and treatment they received. Staff said that patients could give feedback at any time they visited.

The practice held informal staff meetings on an ad-hoc basis and information was shared with staff via email. Staff appraisals were brief and informal and did not provide structured feedback for staff. Staff told us that they felt part of a team and well supported by the practice owner but that a more structured approach to sharing information would be helpful.