Cosmo Clinic Limited

Cosmo Dental Practice

Inspection Report

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Date of inspection visit: 15 October 2015
Date of publication: 11/02/2016

Overall summary

We carried out an announced comprehensive inspection on 15 October 2015 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.

Cosmo Dental Practice provides private, general dental services to patients of all ages. The team at the practice is led by a principal dentist supported by three associate dentists, two dental nurses, one trainee dental nurse and a receptionist. The practice is open Monday-Friday 9.30-5pm (closed for lunch 1-2pm).

The practice is in a single storey building. There are three treatment rooms, a reception/patient waiting area, accessible patient toilet and a dedicated room where reusable dental instruments are washed and sterilised (a process known as decontamination). The practice is accessible to patients with restricted mobility as treatments are carried out on one floor.

The dentist is also the Registered Manager. A Registered Manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Sixteen people provided feedback about the service. All patients commented positively about the care and treatment they had received and the friendly, polite and professional staff. A number of patients commented on the discussions they had with the dentist about their care and treatment; and about how they felt listened to and were made to feel relaxed.

Our key findings were:

Summary of findings

- The practice provided a clean, well equipped environment.
- Where mistakes had been made patients were notified about the outcome of any investigation and given a suitable apology.
- There was promotion of patient education to ensure good oral health.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice had an accessible and visible leadership team. Staff told us they felt supported by the principal dentist.
- Governance arrangements were in place, though improvements could be made to ensure continuous improvement in the quality and safety of the services.
- There were a range of clinical and non-clinical audits to monitor the quality of services, (including mandatory audits for radiography); improvements could however be made to ensure results were analysed to inform learning and drive service improvement.
- The practice sought feedback from staff and patients about the services they provided.

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

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.'
- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all 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 maintained clear records of significant events and complaints. Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the dentist or the practice manager. The dentist was aware of any health or medication issues which could affect the planning of treatment. The practice was equipped and staff were trained to deal with medical emergencies.

Staff were aware of their responsibilities towards vulnerable adults and children, knew the signs of abuse and how to report concerns. Staff were suitably trained and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. The infection prevention and control practices at the surgery followed current guidance, though improvements could be made to ensure regular testing of the ultrasonic machine used to clean dental instruments and to undertake regular infection prevention and control audits. The autoclave sterilising machine was regularly maintained, tested and monitored for safety and effectiveness.

Are services effective?

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

Consultations were carried out in line with current guidance such as those from the National Institute for Health and Care Excellence (NICE). Patients received a comprehensive assessment of their dental needs. The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

The practice did not keep up-to-date staff training and professional development records on the premises. There was some evidence that staff who were registered with the General Dental Council (GDC) could demonstrate that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Health education for patients was provided by the dentists. They provided patients with advice to improve and maintain good oral health. Comment card feedback was positive regarding the effectiveness of treatments.

Are services caring?

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

Comment card feedback was positive about how the practice and staff were caring and sensitive to their needs. Patients also commented positively on how caring and compassionate staff were, describing them as kind, friendly and professional.

Patients were also positive about how staff listened to them and about how staff gave them appropriate information and support regarding their care or treatment. They felt the dentists explained the treatment they needed in a way they could understand. They told us they understood the risks and benefits of each treatment option.

Are services responsive to people's needs?

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

Summary of findings

Appointment times met the needs of patients and waiting time was kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen within 24 hours. They would see any patient in pain, extending their working day if necessary.

The treatment room at the practice was on the ground floor. The waiting room, patient toilet and treatment room were accessible to patients who had restricted mobility.

Are services well-led?

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

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was candour, openness, honesty and transparency amongst all staff we spoke with. A range of clinical and non-clinical audits were taking place although we noted concerns regarding the IPC audit template used and a lack of clinical audit analyses.

Cosmo Dental Practice

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.

We carried out an announced, comprehensive inspection on 15 October 2015 led by a CQC inspector and a specialist advisor.

On the day of our inspection we looked at practice policies and protocols and other records relating to the management of the service. We spoke with the principal dentist, an associate dentist, two dental nurses and the receptionist. Sixteen people provided feedback about the service.

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 maintained clear records of significant events and complaints. Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the dentist or the practice manager. Staff had a clear understanding of their responsibilities in Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and had the appropriate recording forms available.

The practice responded to national patient safety and medicines alert that were relevant to the dental profession. These were received in a dedicated email address and actioned by the practice manager.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to Control of Substances Hazardous to Health 2002 (COSHH) regulations. Each type of substance used at the practice that had a potential risk was recorded and graded as to the risk to staff and patients. Measures were clearly identified to reduce such risks including the wearing of personal protective equipment and safe storage.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the identified lead for safeguarding. Staff we spoke with were aware of the different types of abuse and who to report them to if they came across a situation they felt required reporting. A readily accessible policy was in place for staff to refer to but we noted that this did not contain telephone numbers of who to contact outside of the practice if there was a need. We were told that this information would be immediately added. Also, records showed that some staff had not attended safeguarding training to the required level. Shortly after our inspection, we were sent confirmation that this training had taken place.

Care and treatment of patients was planned and delivered in a way that ensured their safety and welfare. We saw dental care records which confirmed that new patients were asked to complete a medical history and this was confirmed by the feedback we received. However, three of the ten records we checked did not contain updated medical histories and one record did not contain any medical history.

Medical emergencies

We saw that the practice had emergency medicines, oxygen and an automated external defibrillator (AED) available, in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary (BNF). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

All emergency equipment was readily available and staff knew how to access it; although some staff we spoke with were not aware of how to operate the defibrillator when the need arose. We looked at records of ten staff members and noted that only one had attended basic life support training in the last 12 months. Records showed that the practice had attempted to arrange on site training at the practice in July 2015 and August 2015 but that the external company had not attended. We were told that the training would take place by November 2015.

We checked the emergency medicines and found that they were all in date but there was no system in place to monitor stock control and expiry dates. For example, AED pads and oxygen masks had expired respectively in January 2015 and July 2015. We were told that replacements would be ordered and that the practice would immediately monitor stock control and expiry dates.

Staff recruitment

The practice had a recruitment policy that described the process when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at the personnel file of the most recent member of staff who had joined in October 2014 and found that the process had been followed.

All staff at this practice were qualified and registered with the General Dental Council GDC. However, copies of current registration certificates and personal indemnity insurance

Are services safe?

(Insurance professionals are required to have in place to cover their working practice) were not on their file. Scanned copies of these documents were however sent to us shortly after our inspection.

Monitoring health & safety and responding to risks

A fire risk assessment had taken place within the last 12 months. There was guidance in the waiting room for patients about fire safety and the actions to take.

Staff were aware of their responsibilities in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations (COSHH). There had been a COSHH risk assessment undertaken for certain materials used at the practice, to ensure staff knew how to manage these substances safely.

The practice had minimised risks in relation to used sharps (needles and other sharp objects which may be contaminated) by ensuring sharps bins were stored appropriately in the treatment room.

Infection control

During our visit we looked at systems in place to reduce the risk and spread of infection. We spoke with a dental nurse who had responsibility for infection prevention and control. The practice was following safe practices required to meet the standards published by the Department of Health -'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05), though improvements could be made in the processes.

In line with current guidance the practice had a separate decontamination room with individual sinks for washing and rinsing instruments and for handwashing.

The practice divided its decontamination room into clean and dirty areas. A dental nurse talked us through the process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments but we noted that they rinsed instruments in the clean sink before placing in the autoclave; thereby contaminating the clean area. We also noted that the ultrasonic machine used to clean dental instruments did not undergo weekly and quarterly testing and that the practice was not date stamping decontaminated dental instruments. This was not in accordance with HTM 01 05. The practice agreed to immediately commence daily and quarterly tests and date stamp decontaminated dental instruments.

The practice undertook infection prevention and control audits but we noted that the template being used was designed for general practice surgeries and so for example, some areas such as testing of sterilising equipment were not audited. We were told that the practice would immediately start using the templates referenced in HTM 01-05.

The practice had a policy for infection prevention and control but we noted that it was not appropriate for a dental practice setting. The practice told us that they would immediately update the policy.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria Legionella is a bacterium found in the environment which can contaminate water systems in buildings. Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor. This ensured that patients and staff were protected from the risk of infection due to growth of the Legionella bacteria in the water systems.

The segregation of dental waste was in line with current guidelines laid down by the Department of Health. The treatment of sharps and sharps waste was in accordance with the current European Union directive with respect to safe sharp guidelines. We observed that sharps containers were correctly maintained and labelled. The practice used an appropriate contractor to remove dental waste from the practice and waste consignment notices were available for us to view.

Equipment and medicines

We were shown a file of risk assessments covering many aspects of clinical governance. These were well maintained and up to date. The practice had a method that ensured tests of machinery were carried out at the right time and all records of service histories were seen. This ensured the equipment used in the practice such as the X-ray sets and the compressor were maintained in accordance with the manufacturer's instructions. This confirmed to us that all the equipment was functioning correctly.

Medicines in use at the practice were stored and disposed of in line with published guidance. A recording system was in place for the prescribing and recording of the medicines and drugs used in clinical practice. The systems we viewed

Are services safe?

were complete, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as prescribed. The batch numbers and expiry dates for local anaesthetics were always recorded. These drugs were stored safely for the protection of patients.

Radiography (X-rays)

Individuals were named as radiation protection adviser (RPA) and radiation protection supervisor (RPS) for the practice. The practice's radiation protection file contained the necessary documentation demonstrating the maintenance of the X-ray equipment. These included critical examination packs for each X-ray set along with a three yearly maintenance logs in accordance with current guidelines. A copy of the local rules and inventory of X-ray equipment used in the dental practice was available in a file with each X-ray set.

We discussed with the dentist the requirement to audit X-rays taken to evaluate the quality of the radiographs. We were informed this had been commenced and was on-going. We checked a sample of dental care records to confirm our findings. One record we looked at contained an X-ray but did not explain the reasons for taking the X-ray or record the findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Dental assessments were carried out in line with recognised guidance from the National Institute for Health and Care Excellence (NICE) and General Dental Council (GDC) guidelines. This assessment included an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment.

Patient feedback was positive regarding patients feeling informed about their treatment and they were given time to consider their options before giving their consent to treatment. The comments received on CQC comment cards reflected that patients were very satisfied with the assessments, explanations, the quality of care and outcomes.

Health promotion & prevention

The dentists provided patients with advice to improve and maintain good oral health. For example, a patient we spoke with told us that they were well informed about the use of fluoride paste on oral health. Comment card feedback was also positive regarding advice on oral health. Staff were aware of the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit to support dental practices in improving their patient's oral and general health.

Dentists' roles included treating gum disease and giving advice about the prevention of decay and gum disease such as advice on tooth brushing techniques and oral hygiene products. Information leaflets on oral health were given out by staff. There was an assortment of different information leaflets available in patient areas.

Staffing

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Staff kept a record of all training they had attended; this ensured that staff had the right skills to carry out their work.

All dental professionals, as part of their registration with the General Dental Council (GDC) have to carry out a specified number of hours of continuing professional development (CPD) to maintain their registration. Records showed that professional registration was up to date for all staff. The practice did not have a complete record of the training their staff had completed such as training done in their own time. We also noted that up to date continuing professional development (CPD) records were not on file for all staff. These were sent to us shortly after our inspection. We were told there had been no instances of dentists working without appropriate support from a dental nurse.

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, for example orthodontic treatment.

The practice referred patients for secondary (hospital) or community dental care when necessary; for example for assessment or treatment by oral surgeons. Referral letters contained detailed information regarding the patient's medical and dental history.

The principal dentist explained the system and route they would follow for urgent referrals if they detected any unidentifiable lesions during the examination of a patient's soft tissues. They also explained how advanced periodontal cases were referred for specialist treatment. Periodontics is the specialty of dentistry concerned with gum health and the supporting structures of teeth, as well as diseases and conditions that affect them.

Consent to care and treatment

The practice ensured patients were given sufficient information about their proposed treatment to enable them to give informed consent. Staff told us how they discussed treatment options with their patients including the risks and benefits of each option. Comment card feedback highlighted that the dentist was good at explaining treatments and we noted that these discussions were recorded in patient's dental care records. Patients were provided with a written treatment plan for every treatment; this included information about the financial and time commitment of their treatment and an outline of the possible risks. Patients were asked to sign a copy of the treatment plan to confirm their understanding and to consent to the proposed treatment. The dental care records we checked reflected that treatment options had been listed and discussed with the patient prior to the commencement of treatment.

Staff spoken with on the day of the inspection were aware of the requirements of the Mental Capacity Act 2005. The

Are services effective?

(for example, treatment is effective)

dentist told us how they would manage a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient's family and other professionals involved in the care of the patient to ensure that the best interests of the patient were met. Where patients did not have the capacity to consent, the dentist acted in their best interests and all patients were treated with dignity and respect.

Patient feedback was positive regarding how they were informed about their treatment and about how they were given time to consider their options before giving their consent to the different stages of treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from sixteen patients. All patients commented positively about the caring and compassionate staff, describing them as friendly, kind and professional. A large number of patients commented positively about staff interaction which helped ensure that they were relaxed and felt comfortable.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of patient information and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Records were held securely.

We were told by staff that if they were concerned about a particular patient after receiving treatment, they would contacted them at home later that day or the next day, to check on their welfare.

Comment card feedback highlighted that patients felt listened to by all staff. We observed the receptionist interacting with patients before and after their treatment and speaking with patients on the telephone. They were polite, respectful and reassuring in all situations. Also, although we were able to hear appointment arrangements being made we did not hear any personal information discussed during our observations in the waiting area.

Involvement in decisions about care and treatment

We saw information about private fees and the health plan offered displayed in the reception area. Our check of dental care records showed that patients were given choices and options with respect to their dental treatment in language that they could understand.

We looked at some examples of written treatment plans and found that they explained the treatment required and outlined the costs involved. The dentist told us that they rarely carried out treatment the same day unless it was considered urgent. Where a treatment was identified, the practice told us that they also routinely explained to patients the implications of not taking any action. This allowed patients to consider all options, risks, benefits and costs before making a decision to proceed.

The patient we spoke with felt involved at every stage with the planning of their treatment and also during treatment. They felt confident in the treatment, care and advice they were given.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice used a variety of methods for providing patients with information. These included a patient welcome pack given to patients when they joined the practice. The welcome pack contained detailed information about what patients could expect in terms of standards of care and treatment. The pack also had details about professional charges, opening times and how to raise concerns about the level of care provided.

The welcome pack asked patients to complete a comprehensive medical history and undertake dental questionnaire. We were told that the practice manager went through the completed questionnaire to ensure that the practice was collecting all relevant important information about patients' previous dental and social history. They also aimed to capture details of the patient's expectations in relation to their needs and concerns which helped to direct the dentist in providing the most effective form of care and treatment for them.

Tackling inequity and promoting equality

The treatment room, waiting room and patient toilet were all located on the ground floor and were accessible to patients who had restricted mobility. The practice also offered step fee access.

The principal dentist explained how they supported patients with additional needs such as a learning disability. For example, they ensured patients were supported by their carer and that there was sufficient time and use of appropriate language to ensure that the care and treatment was explained in a way the patient understood.

Access to the service

Patients could access care and treatment in a timely way and the appointment system met the needs of patients.

Where treatment was urgent patients would be seen within 24 hours or sooner if possible. The practice opening hours were Monday to Friday 9.00am to 5.30pm. Outside of these hours the practice answer phone directed patients to call the dentist's personal telephone number if they had a dental emergency.

Concerns & complaints

All of the Care Quality Commission (CQC) comment cards completed were complimentary about the service provided. The practice had a system in place for handling complaints and concerns. Information about how to complain was in the practice information leaflet and available in the waiting area. Any verbal complaints were handled in the practice by the staff on duty at the time and discussed with the dentist at the end of the session. A patient we spoke with told us that knew how to raise concerns or make a complaint although they had never felt the need to complain.

We looked at two complaints that they had received since registering with the Care Quality Commission in April 2013. We found that they had been recorded, analysed, investigated and learning that had been identified had instigated some changes in practice. For example following a complaint, the practice had improved systems for recording instances where a patient or guardian had declined an X-ray.

We found that complainants had been responded to in a timely manner and the practice had offering an explanation, an apology and being open and transparent about the issues that had been raised. Lessons learnt were openly discussed with staff at team meetings or personally to individual staff members if relevant. We noted that the complaints policy had not been reviewed since 2013.

Are services well-led?

Our findings

Governance arrangements

The practice maintained a governance system which comprised of policies and protocols in relation to subjects such as infection control, medical emergencies, radiography, record keeping and legislation and good practice guidelines. Improvements could however be made regarding governance arrangements for risk management, service improvement and also for reviewing policies and procedures. For example, a template being used for infection prevention and control (IPC) audits did not cover all areas of a dental practice setting. We were told that actions taken as a result of significant events were discussed at staff meetings but these were not minuted. Some policies we looked at (for example complaints) had not been reviewed for more than two years and/or were not appropriate for a dental practice setting.

Records showed that the practice manager responsible for many aspects of governance arrangements had recently left the practice at short notice.

Leadership, openness and transparency

There was clear leadership in the practice. The principal dentist was also the registered manager for the service. In addition to providing clinical leadership they also had lead responsibility for areas such as safeguarding and X-rays. We found that policies, procedures and risk assessments were in place to support the running of the service. Staff had a clear understanding of governance and their role and responsibilities. They told us they had been supported by the principal dentist and that standards had been set for them to follow.

The principal dentist led on the individual aspects of governance such as risk management and audits within the practice. There were some systems in place to monitor the quality of the service. For example the infection control procedures had been audited and changes made to improve practice. Staff told us there was an open culture within the practice and that they had the opportunity and were confident to raise issues at any time.

Practice staff were clear about what decisions they were required to make, knew what they were responsible for as well as being clear about the limits of their authority. It was clear who was responsible for making specific decisions, especially decisions about the provision, safety and adequacy of the dental care provided at the practice and this was aligned to risk. Staff told us they felt valued, well supported and knew who to go to in the practice with any concerns.

We reviewed information on risk assessments covering all aspects of health and safety. These were well maintained and up to date. We also reviewed a number of clinical governance policies which were in place to support staff.

Management lead through learning and improvement

The management of the practice was focused on achieving high standards of clinical excellence. Staff at the practice were all working towards a common goal to deliver high quality care and treatment. Staff we spoke with on the day of the inspection felt they always received all relevant information.

We were told that annual staff appraisals were used to identify training and development needs that would provide staff with additional skills and to improve the experience of patients at the practice. However these were not minuted.

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

Patients who used the service had been asked for their views about their care and treatment. The practice sought continuous patient feedback through a comments box in reception. We were told that these were routinely discussed at team meetings and that comments were positive with no respondents making any suggestions for any improvement.

The practice reviewed the feedback from patients who had cause to complain. A system was in place to assess and analyse complaints and then learn from them if relevant, acting on feedback when appropriate.

Staff told us their views were sought informally and also formally at their appraisals. They told us their views were listened to and that they felt part of a team.