Dr. Andrew Hill

Hastings Implant and Aesthetics Centre

Inspection Report

1 Breeds Place
Hastings
TN34 3AA
Tel: 01424 427918
Website: www.hastingsimplants.co.uk

Date of inspection visit: 23 October 2015
Date of publication: 03/12/2015

Overall summary

We carried out an announced comprehensive inspection on 23 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

Background

Hastings Implant and Aesthetics Ltd is a dental practice providing private treatment. The practice concentrates on providing dental implant treatment on a referral basis, however the practice does provide a small amount of routine dental treatment for patients on request or if required as part of implant treatment. The practice is situated in a converted commercial shop property. The practice had one dental treatment room and a separate decontamination room for cleaning, sterilising and packing dental instruments and a reception and waiting area and toilet. The facilities were situated on the ground floor enabling disabled access.

Hastings Implant and Aesthetics Ltd has 1 dentist, the practice owner, who is supported by 2 dental nurses and a receptionist. The dental nurses were qualified and registered with the General Dental Council. The practice's opening hours at the time of inspection were Fridays only 9:00am – 4:00pm. Following the inspection, the provider notified us that the practice is open on Thursdays, Fridays and Saturdays.

The practice owner is 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

Summary of findings

and associated Regulations about how the practice is run. Supporting the Registered Manager is one of the dental nurses who acts as a Director of Hastings Implant and Aesthetics Ltd.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected 6 completed cards and spoke to patients. These provided a wholly positive view of the services the practice provides. All of the patients commented that the quality of care was very good.

We carried out an announced comprehensive inspection on 23 October 2015 as part of our planned inspection of all dental practices. The inspection was carried out by a lead inspector who was also a dental specialist adviser.

Our key findings were:

- Staff had been trained to handle emergencies and appropriate medicines were readily available for dealing with medical emergencies in accordance with current guidelines.
- The practice was visibly clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had policies and protocols in place relating to safeguarding adults and children living in vulnerable circumstances.
- The practice had enough staff to deliver the service.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Staff we spoke to felt well supported by the Registered Manager and were committed to providing a quality service to their patients.
- Information from 6 completed CQC comment cards gave us a completely positive picture of a friendly, caring and professional service.

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

- Consider obtaining an automated external defibrillator (AED) giving due regard to Resuscitation Council UK guidelines. An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.
- Consider different ways of encouraging patient feedback enabling improvements to be made to the delivery of services where necessary.

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 arrangements for essential topics such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was properly maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents if they occurred. There were sufficient numbers of suitably qualified staff working at the practice. Staff were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Are services effective?

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. Staff were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

Are services caring?

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

We collected 6 completed cards. These provided a completely positive view of the service, patients we spoke to also reflect these findings. All of the patients commented that the quality of care was very good. Some patients commented that the dentist and his staff provide excellent advice and treatment and treatment was explained clearly and the staff were polite and friendly.

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those these into account in how the practice was run. Patients could access urgent care following implant and other treatment when required. The practice provided patients with written information about the treatment prescribed the indicative costs of dental treatment. Facilities were on the ground floor enabling ease of access into the building for patients with mobility difficulties and families with prams and pushchairs.

Are services well-led?

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

The Registered Manager provided effective local leadership for the staff working in the practice. The practice had clinical governance and risk management structures in place. Staff told us that they felt well supported and could raise any concerns with the Registered Manager. All the staff we met said that the practice was a good place to work.

Hastings Implant and Aesthetics Centre

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 23 October 2015. The inspection was carried out by a lead inspector who was also a dental specialist adviser.

During our inspection visit, we reviewed policy documents and staff records. We spoke with four members of staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We were shown the decontamination procedures for dental instruments and computer system that supported the patient treatment records. We reviewed comment cards completed by patients and spoke to patients. Patients gave very positive feedback about their experience at the practice.

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 location operates for one day per week at the present time, although the practice has been open for two years the practice, its systems and processes are only in an early stage of development. As a result the practice has not suffered any incidents to date. However the dentist explained his philosophy and process should an incident occur. For example he explained how he would deal with a patient who had suffered from a fractured instrument in a root canal during root canal treatment. The dentist particularly stressed the importance of candour with the patient and making sure the patient had been fully informed of the problem and how the situation would be resolved

Reliable safety systems and processes (including safeguarding)

The treatment of sharps and sharps waste was in accordance with the current EU Directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles are not resheathed following administration of a local anaesthetic to a patient. A single use system was in place for the administration of local anaesthetics. In the 2 years that the practice has been open there had been no contaminated sharps injuries.

We asked how the practice treated the use of instruments which were used during root canal treatment. The dentist explained that these instruments were single use only. He explained that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients can be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

We discussed with the dentist about the different types of abuse that could affect a patient and who to report them to if they came across abuse of a vulnerable child or adult. He was able to describe in detail the types of behaviour a child would display that would alert them if there were possible signs of abuse or neglect. The dentist also had an awareness of the issues around vulnerable elderly patients who present with dementia that require dental care and treatment. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse. Information was available that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Medical emergencies

The practice had in place the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice also had an Oxygen cylinder and other related items such as manual breathing aids and portable suction were available in line with the Resuscitation Council UK guidelines.

All emergency medicines and oxygen were in date. The expiry dates of medicines and equipment were monitored using a check sheet which enabled the staff to replace out of date drugs and equipment promptly. The practice held training sessions for the whole team to maintain their competence in dealing with medical emergencies on an annual basis. We noted that training had taken place in October 2015.

The practice did not have access to an automated external defibrillator (AED), a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. We were assured when the Registered Manager informed us that he would obtain one as soon as practicably possible.

Staff recruitment

The Registered Manager has another location in the area and utilises his staff from this location to support him during the care and treatment of patients. These staff are long standing members of staff of over 5 years standing. At this point the Registered Manager has not needed to go through a recruitment process to staff this particular location. However he did explain that the same process used for recruitment in the other location would apply to this location. This process would include carrying out

Are services safe?

essential pre-employment checks such as the taking up of references, a DBS check and confirmation that staff are registered with the General Dental Council with respect to dental nurses or other clinical staff.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. We saw that the practice carried out a number of risk assessments including a well maintained Control of Substances Hazardous to Health (COSHH) file. Staff training in relation to COSHH was carried out in June 2015. Other assessments included fire safety carried out in July 2015, a general health and safety risk assessment and water quality risk assessments. The original assessment was carried out in July 2013 and updated in September 2015.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. The Registered Manager had delegated the responsibility for infection control procedures to a dental nurse. It was demonstrated through a description of the end to end process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control was being met. It was observed that a current audit of infection control processes confirmed compliance with HTM 01 05 guidelines. We saw records which showed these had been carried out in October 2014 and April 2015 in accordance with current guidelines.

It was noted that the dental treatment room, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in all treatment rooms. Hand washing facilities were available including liquid soap and gels and paper towels in each of the treatment rooms and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

We asked the dental nurse to describe to us the end to end process of infection control procedures at the practice. She explained the decontamination of the general treatment room environment following the treatment of a patient. She demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The drawers of a treatment room was inspected in the presence of the dental nurse. These were appropriately stocked, clean, ordered and free from clutter. All of the instruments were pouched and it was obvious which items were single use and these items were clearly new. The treatment room had the appropriate routine personal protective equipment available for staff and patient use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) she described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice by a competent person in July 2013. The competent person had not recommended any remedial actions. We saw evidence that this reviewed in September 2015. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice utilised a separate decontamination room for instrument processing. This room was organised and clean. Displayed on the wall were protocols to remind staff of the processes to be followed at various points in the decontamination process. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing using the two sink method for the initial cleaning process, following inspection they were placed in an autoclave (a machine used to sterilise instruments). When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. The nurse also demonstrated that systems were in place to ensure that the autoclave used in the decontamination process were working effectively. This included the automatic control test. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were always complete and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste from the practice and was stored in a lockable yellow bin in

Are services safe?

accordance with current guidelines within the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste.

Environmental cleaning was carried out in accordance with the national colour coding scheme and cleaning schedules were available for inspection.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example the autoclaves had been serviced and calibrated in February 2015. The practices' X-ray machines had been serviced and calibrated during the period July 2013 and October 2015. A check of the electrical systems of the practice had been carried out in September 2013 when the practice opened, no recommendations were required to be carried out. A sample of dental treatment records showed that the batch numbers and expiry dates for local anaesthetics were recorded when these medicines were administered.

Radiography (X-rays)

We were shown radiation records which were in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray and Computerised Tomography equipment. At this location the dentist acted as the Radiation Protection Supervisor. Included in the file were the critical examination packs for each X-ray set along with the three yearly maintenance logs and a copy of the local rules. The maintenance logs were within the current recommended interval of 3 years. The dental care records we saw showed that dental X-rays or CT scans were justified and reported. We saw patient X-rays and CT scans of a high quality. X-rays and CT scans were taken in line with current guidelines by the Faculty of General Dental Practice of the Royal College of Surgeons of England and national radiological guidelines. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. These findings showed that practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist carried out consultations, assessments and treatment in line with recognised general professional guidelines in relation to dental implants. The dentist described to us how he carried out the patient assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements. The practice used a computerised system for maintaining a patients clinical records which was password protected. We were told wherever possible written medical history forms, referral letters, laboratory dockets and treatment plans with costs were scanned into the computer system. A review of a sample of dental care records showed that all medical histories and patient treatment letters, photographs and X-ray images were uploaded onto the system. Where relevant, preventative dental information was given in order to improve the outcome for the patient in relation to implant treatment. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products.

Health promotion & prevention

The medical history form patients completed included questions about smoking and alcohol consumption. The dentists told us patients were given advice appropriate to their individual needs such as smoking cessation, alcohol consumption or dietary advice. The dentist would follow up the placement of implant retained appliances at subsequent appointments to check if the patient was maintaining good levels of home care in relation to tooth brushing and interdental cleaning around the implants and restorations such as bridgework and dentures. There were oral hygiene aids for sale in the reception area.

Staffing

There were enough support staff to support the dentist during patient treatment. All of the dental nurses supporting the dentist were qualified dental nurses. The Registered Manager told us that the practice ethos was that all staff should receive appropriate training and development. This included training in cardio pulmonary resuscitation (CPR), infection control, child protection and adult safeguarding and other specific dental topics. We saw that update training in basic life support was undertaken in October 2015 and a training session dealing with COSHH, sharps and sharps bins and radiation was undertaken in June 2015.

Working with other services

The practice acted as a specialised referral centre for dental implant work and associated retained dental appliances supported by the dental implants. This included crowns, bridges and dentures. If a patient was found to need dental treatment as a result of the assessment for dental implant treatment, patients would be referred back to the referring dentist for this treatment to be carried out. For those patients who did not have their own regular dentist, the dentist would arrange treatment either at this location or the dentist's other practice.

Consent to care and treatment

The dentist had a clear understanding of consent issues. He explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a patient review letter. The review letters were always scanned into the patients dental care records. The dentist stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. We observed several examples which confirmed this was the case.

The dentist also explained how he would obtain consent from a patient who suffered with any mental impairment which may mean that they might be unable to fully understand the implications of their treatment. He explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. He went on to explain that he would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The treatment room was situated away from the main waiting area and we saw that doors were able to be closed at all times when patients were with the dentist. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. Patients' clinical records were stored electronically. Computers were password protected and regularly backed up to secure storage. Practice computer screens at reception were not overlooked which ensured patients' confidential information could not be viewed at reception. A number of comment cards we observed commented that patients were treated with dignity and compassion at all times by the dentist and his staff.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients which detailed possible management options and indicative costs. Private treatment costs were displayed in the waiting area and on the practice web site. The dentist paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentist recorded the information they had provided to patients about their treatment and the options open to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provides mainly dental implant treatment of a referral or self referral basis. During our inspection we looked at examples of information available to people. The practice provided patients with information about the services they offered in leaflets and on their website We looked at the appointment schedules for patients and found that patients were given adequate time slots for appointments of varying complexity of treatment.

Tackling inequity and promoting equality

The practice had made adjustments to meet the needs of patients. This included the installation of a specialised knee break dental chair. This enabled patients with limited mobility to access dental treatment more easily. A number of staff spoke several European languages enabling patients from other European countries living in the area to access dental care more easily where there is a language problem. All facilities are on the ground floor enabling wheel chair access and parents who have young children with pushchairs and prams to access premises more easily.

Access to the service

Appointments could be made in person or by telephone. Patients could receive urgent assistance when the practice was closed. If patients had undergone difficult dental procedure for example then the dentist would contact the patient following treatment to assess how they were coping. This would either be via a telephone call or email. If the patient needed to speak to the dentist out of hours at other times when an urgent problem arose, the dentist would always provide his mobile phone number or email address to patients.

Concerns & complaints

The location operates for one day per week at the present time, although the practice has been open for two years, the practice has not suffered any complaints to date. However the dentist explained his philosophy and process should a complaint occur. Following a complaint the dentist would always apologise and he would endeavour to address the issue as speedily as possible. For example, if treatment had failed then the dentist would carry out any remedial treatment free of charge or return the patients fees if the dentist could not meet the patients expectations.

Are services well-led?

Our findings

Governance arrangements

The principal dentist and the dental nurse director shared the day to day running of the service. We saw they had systems in place to monitor the quality of the service.

The practice had in place a simple governance file. We found a system of policies, protocols and procedures in place covering the essential clinical governance criteria expected in a dental practice. This included health and safety, infection control, radiography, child and adult protection clinical waste control and complaints. These policies and processes were reviewed on an annual basis.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw risk assessments and the control measures in place to manage those risks for example for use of equipment in the dental practice, fire and infection control.

Leadership, openness and transparency

During our discussions with the dentist it was also apparent that the patient was at the heart of the practice with the dentist adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did. The dentists spoke with passion about his work and proud of the care he provided. This was supported when reading the comments made by patients who had completed the comment cards. We felt that this ethos was transmitted to his small team of supporting staff.

Learning and improvement

Staff told us they had good access to training and the Registered Manager monitored staff training to ensure essential training was completed each year, this included basic life support and infection control. We saw evidence that this had taken place. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC). The dentists, dental nurses working at the practice were registered with the GDC. The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom. The nurse director kept a record to evidence staff were up to date with their professional registration. The staff told us that because they all travelled together each Friday by car it gave them a good opportunity to discuss how to improve the service and reflect on what had gone well or otherwise each particular Friday on the way home.

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

Although the practice had a system in place to capture feedback staff reported that it was difficult to encourage patients to provide essential feedback when they were reluctant to do so. Not all patients were inclined to provide feedback even if they had received a good service. However the 6 patient comment cards completed for the inspection provided very positive feedback on the quality of care provided and the good attitude of the staff.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.