

Smileright Limited

Ambience Dental Practice

Inspection Report

Wade House
37-39 Queen Street
Swindon
Wiltshire
SN1 1RN
Tel: 01793 529985
Website: www.ambience dentalpractice.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 22 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

Ambience Dental Practice is situated in Swindon city centre in a converted commercial property. It provides NHS dental care. The practice has eight dentists, four qualified dental nurses and eight trainee dental nurses. The dental nurses also carry out reception duties and are supported in this by a head receptionist. The practice management team include one practice retail sales manager, one head receptionist and one director of training and practice management who is also a qualified dental nurse and approved dental nurse trainer. In addition to this the practice are supported by a HR manager, an IT department and finance team. The practice is one of seven practices that belong to the corporate provider Smileright Ltd.

The practice has eight dental treatment rooms and two decontamination rooms for the cleaning, sterilising and packing of dental instruments. The reception area, a waiting room, a decontamination room, five treatment rooms and a disabled patient toilet are on the ground floor. There is a second waiting room, decontamination room, three treatment rooms, conference room and further patient toilet on the first floor. The practice benefits from a third floor which has a training room, toilet and office suite.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 45

Summary of findings

completed cards and spoke with 12 patients on the day of our inspection. Without exception patients were positive about the quality of the service provided by the practice. They gave examples of the positive experiences they had at the practice and told us the practice team were professional, caring and helpful. We also saw the practice's patient survey forms and analysis. These all provided a consistently positive view of the service the practice provides.

Our key findings were:

- Patients who completed CQC comment cards and those who had filled in the practices own surveys were all positive about the practice team and the care and treatment provided.
- The practice had an established process for reporting and recording significant events and accidents to ensure they investigated these and took remedial action.
- The practice was visibly clean and a number of patients commented on their satisfaction with hygiene and cleanliness.
- The practice had well organised systems to assess and manage infection prevention and control.
- The practice had suitable safeguarding processes and staff understood their responsibilities for safeguarding adults and children.
- The practice had recruitment policies and procedures to help them ensure the suitability of staff they employed.
- Dental care records provided clear and detailed information about patients' care and treatment.
- Staff received training appropriate to their roles and were supported in their continued professional development. The director of training and practice management was an approved dental nurse trainer.
- Patients were able to make routine and emergency appointments when needed.
- The practice had systems including audits to assess, monitor and improve the quality and safety of the services provided.

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 took safety seriously and had systems for managing this. These included policies and procedures for infection prevention and control, clinical waste management, dealing with medical emergencies, maintenance and testing of equipment, dental radiography (X-rays) and fire safety.

Staff were aware of their responsibilities for safeguarding children and vulnerable adults. Contact information for local safeguarding professionals and relevant policies and procedures were readily available for staff to refer to if required.

Are services effective?

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

The practice provided personalised dental care and treatment. The dental care records we looked at provided clear and detailed information about patients' care and treatment. Clinical staff were registered with the General Dental Council and completed continuous professional development to meet the requirements of their professional registration.

Staff understood the importance of obtaining informed consent and of working in accordance with relevant legislation when treating patients who may lack capacity to make decisions.

Are services caring?

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

We gathered patients' views from 45 completed Care Quality Commission comment cards and saw the practice's patient survey results which were taken monthly and then analysed for improvements. The information from these was consistently complimentary about the dentists and other members of the practice team.

We spoke with 12 patients including children who made specific comments about the practice's kind approach and feeling involved in their treatment. During the inspection we saw that staff were helpful, friendly and respectful towards patients.

Are services responsive to people's needs?

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

Many patients who provided us or the practice with feedback had been patients at the practice many years. All the feedback we looked at reflected satisfaction with a service which met the needs of adults and children in a personalised way.

The practice ensured that patients unable to use stairs had their appointments in a ground floor treatment room. Patients could access treatment and urgent and emergency care when required.

Information was available for patients at the practice and on the practice website. The practice had a complaints procedure which was available for patients and responded to any complaints promptly and openly.

Are services well-led?

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

Summary of findings

The practice management team comprised of the retail sales manager supported by the director of training and practice management and the HR manager. The management team understood their responsibilities for the day to day running of the practice. All the staff we spoke with enjoyed working at the practice and felt supported by the management team.

The practice had policies, systems and processes which were available to all staff.

The practice team were positive about using learning and development to maintain and improve the quality of the service and were using monthly practice meetings and annual appraisal to support this.

Ambience 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.

The inspection was carried out on 22 March 2016 by a CQC inspector and a dentist specialist advisor. Before the inspection we reviewed information we held about the provider and information that we asked them to send us in advance of the inspection.

During the inspection we spoke with members of the practice team including four dentists, 11 dental nurses, a retail sales manager and the director of training and practice management.

We looked around the premises including the treatment rooms. We viewed a range of policies and procedures and other documents and read the comments made by 45 patients on comment cards provided by CQC before the inspection. We also spoke with 12 patients at the practice on the day of our inspection.

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 had a significant event policy to provide guidance to staff about the types of incidents that should be reported as significant events. There was an established process for reporting significant events and accidents.

We saw that the practice followed up accidents and other significant events, took remedial action when necessary and used these as opportunities to share learning and to improve. For example, following two occurrences of staff injury the director of training and practice management held a staff meeting and reinforced training and policy to minimise reoccurrence and raise staff awareness of their responsibilities.

The practice received national safety alerts about medicines and equipment such as those issued by the Medical and Healthcare Products Regulatory Agency (MHRA). The head receptionist printed relevant alerts for staff to review and filed these electronically for monitoring purposes.

Reliable safety systems and processes (including safeguarding)

Staff members were aware of how to recognise potential concerns relating to the safety and well-being of children, young people and vulnerable adults. All members of the practice team had completed safeguarding. Staff we spoke with were able to identify their practice safeguarding lead professional.

The practice had up to date safeguarding policies and procedures based on local and national safeguarding guidelines and the contact details for the relevant safeguarding professionals in Wiltshire.

There was a whistleblowing policy which included contact details for NHS England and for Public Concern at Work, a charity which supports staff who have concerns they need to report about their workplace. All staff had signed and dated to confirm they were aware of and understood this policy.

We confirmed that the dentists at the practice used a rubber dam during root canal work in accordance with

guidelines issued by the British Endodontic Society. A rubber dam is a thin rubber sheet that isolates selected teeth and protects the rest of the patient's mouth and airway during treatment.

The dentists were working in accordance with the requirements of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 and the EU Directive on the safer use of sharps which came into force in 2013. We were informed that clinicians were responsible for the disposal of used sharps and needles. We were shown the practice protocol and policy in place for needle stick injuries.

Medical emergencies

The practice had arrangements to deal with medical emergencies at the practice. The practice had 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 saw evidence that staff completed annual basic life support training and training in how to use the defibrillator.

The practice had the emergency medicines as set out in the British National Formulary guidance. Oxygen and other related items such as face masks were available in line with the Resuscitation Council UK guidelines. The staff kept various daily, weekly and monthly records of the emergency medicines and equipment to monitor that they were available, in date, and in working order. Staff job allocations was on a rota system so that all staff completed and understood the importance of day to day jobs and checking procedures.

Staff recruitment

We saw evidence that the practice obtained Disclosure and Barring Service (DBS) checks when appointing any new staff. The DBS carries out checks to identify whether a person has a criminal record or is 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 saw evidence of DBS checks for all members of staff.

The practice had a recruitment policy and procedure in place which was used alongside an induction training plan for new starters. We looked at the recruitment records for four staff members which evidenced the practice had completed appropriate checks for these staff. For example, proof of identity, a full employment history, evidence of

Are services safe?

relevant qualifications, adequate medical indemnity cover, immunisation status and references. The systems and processes we saw were in line with the information required by Regulation 19, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

The practice used the annual appraisal process to monitor that clinical staff maintained their registration with the General Dental Council (GDC) and that their professional indemnity cover was up to date.

Monitoring health & safety and responding to risks

The practice had a comprehensive health and safety policy and risk assessment which both addressed numerous general and dentistry related health and safety topics.

The practice had a fire risk assessment which was reviewed in March 2016. Staff last took part in a fire drill in February 2016 and carried out routine checks of the various fire safety precautions. Arrangements were in place with a specialist company for the maintenance and servicing of fire safety equipment.

The practice had detailed information about the control of substances hazardous to health (COSHH).

The practice had a business continuity plan covering a range of situations and emergencies that may affect the daily operation of the practice.

Infection control

The practice employed a cleaner for general cleaning of the building which was visibly clean and tidy. We saw that there was a written cleaning schedule for the cleaner to follow and that the practice had carried out audits of general cleanliness.

The practice had an infection prevention and control (IPC) policy and completed IPC audits twice a year and the last audit was completed in November 2015 which met all the standards.

The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures.

Decontamination of dental instruments was carried out in two separate decontamination rooms, one for each floor where surgeries were located. There was clear separation of clean and dirty areas in all treatment rooms and the decontamination rooms with signage to reinforce this. These arrangements met the HTM01-05 essential requirements for decontamination in dental practices.

The practice used a system of manual scrubbing and an ultra-sonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier the instruments were then placed into an autoclave (a device for sterilising dental and medical instruments). When the instruments had been sterilised, they were pouched and stored centrally until required. All pouches were dated with an expiry date in accordance with current guidelines.

We were shown the systems in place to ensure the autoclaves used in the decontamination process were working effectively. It was observed that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date. All recommended tests utilised as part of the validation of the ultrasonic cleaning bath were carried out in accordance with current guidelines, the results of which were recorded in an appropriate log book and demonstrated the efficacy of the equipment.

The practice had personal protective equipment (PPE) such as disposable gloves, aprons and eye protection available for staff and patient use. The treatment rooms had designated hand wash basins for hand hygiene and liquid soaps and paper towels. There was a hand hygiene poster displayed above all hand wash basins.

The practice had a Legionella risk assessment carried out by a specialist company in July 2015. Legionella is a bacterium which can contaminate water systems. We saw that staff carried out routine water temperature checks and kept records of these.

The practice used an appropriate chemical to prevent a build-up of Legionella biofilm in the dental waterlines. Staff confirmed they carried out regular flushing of the water lines in accordance with current guidelines.

The segregation and storage of dental waste was in line with current guidelines from the Department of Health. The

Are services safe?

practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices. Waste was securely stored before it was collected.

The practice had a process for staff to follow if they accidentally injured themselves with a needle or other sharp instrument. This included information for patients asking them to have a blood test carried out and explaining why they needed to do so. The practice managers had a system for monitoring the immunisation status of each member of staff.

Equipment and medicines

The practice's maintenance records showed that equipment was maintained in accordance with the manufacturers' instructions using appropriate specialist engineers. This included equipment used to sterilise instruments, the emergency oxygen supply, the compressor, X-ray equipment and portable electric appliances.

Prescription pads were stored securely and the practice had a system for monitoring their use. We saw that the dentists recorded the type of local anaesthetic used, the batch number and expiry date in patients' dental care records as expected.

Radiography (X-rays)

We looked at records relating to the Ionising Radiation Regulations 1999 (IRR99) and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). The records were well maintained and included the expected information such as the local rules and the names of the Radiation Protection Advisor and the Radiation Protection Supervisor. The records showed that the maintenance of the X-ray equipment was up to date.

We saw the certificates confirming that the dentists' continuous professional development (CPD) in respect of radiography was up to date.

The practice had records showing they audited the technical quality grading of the X-rays each dentist took. Dental records showed X-rays were justified, graded and reported upon to help inform decisions about treatment. These findings showed the 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 dentists we spoke with described how they assessed patients and we confirmed they carried this out using published guidelines such as those from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP).

We saw examples of suitably detailed treatment plans for patients which reflected their dental needs. Patients were asked to complete an up to date medical history form when they first joined the practice and to update and sign this at the start of a course of treatment. The dentists confirmed that they checked whether there were any changes at each appointment. We reviewed 12 dental care records which contained expected details of the dentists' assessments of patients' tooth and gum health, medical history and consent to treatment.

Health promotion & prevention

The dentists were aware of and took into account the Delivering Better Oral Health guidelines from the Department of Health. Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition. The dentists provided verbal advice and information to patients about oral health, stopping smoking and sensible alcohol consumption. A range of dental care products were available for patients to buy.

Staffing

The practice encouraged staff members to maintain the skills and training needed to perform their roles competently and with confidence. Staff received structured in house training, regular practice meetings and annual appraisals. We confirmed that staff were supported to complete the continuing professional development (CPD) required for their registration with the General Dental Council (GDC). Staff we spoke with confirmed they had completed safety related training such as basic life support and defibrillator training, fire safety and infection control. The practice had a structured induction process for new staff.

The four dentists we spoke with were aware of and took into account the Delivering Better Oral Health guidelines

from the Department of Health. Children at high risk of tooth decay were identified and were offered fluoride varnish applications or the prescription of high concentrated fluoride tooth paste to keep their teeth in a healthy condition. Fissure sealants (special plastic coatings on the biting surfaces of permanent back teeth in children) were also used on patients who were particularly vulnerable to dental decay.

The director of training and practice management was an approved dental nurse trainer and the practice was an accredited centre for dental nurse training. The director of training and practice management was also an infection control approved trainer for an external dental organisation.

Working with other services

The dentists told us they were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery, special care dentistry and orthodontic providers.

The practice referred patients for investigations in respect of suspected cancer in line with NHS guidelines.

The practice did not routinely ask patients if they wanted a copy of their referral letter.

Consent to care and treatment

The dentists understood the importance of obtaining and recording consent and giving patients the information they needed to make informed decisions about their treatment. We saw the practice recorded consent to care and treatment in patient's records and provided patients with written treatment plans detailing relevant costs. We spoke with four dentists about how they implemented the principles of informed consent. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan.

The practice had a written policy and guidance for staff about the Mental Capacity Act 2005. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentists understood the relevance of this legislation in

Are services effective?

(for example, treatment is effective)

dentistry. The dentists were also aware of and understood the legal framework they must follow when considering whether young people under the age of 16 may be able to make their own decisions about care and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We gathered patients' views from 45 completed Care Quality Commission comment cards. We also saw the results of the practice's in house patient surveys and spoke with 12 patients on the day of our inspection. The information from all these sources was consistently complimentary about the dentists and other members of the practice team.

When speaking to families with children we were advised that the children didn't mind coming to the dentist because everyone at the practice treated them kindly and they were involved with their treatment. A family advised us that although they had moved out of the area they kept their registration as their children felt comfortable at this practice. Satisfaction scores in the survey forms were mostly 10s which was the most positive option. We looked at analysis of 14 surveys where 12 surveys were rated at 10, one survey was rated at nine and one survey rated at eight.

All of the patients we received information from confirmed their dentist listened to them and made sure they understood the care and treatment they needed.

We saw that the reception computer screens were not visible to patients and that no personal information was left where another patient might see it.

Involvement in decisions about care and treatment

Many of the patients whose feedback we looked at confirmed that they received good information and guidance about their treatment options and that their dentists explained these clearly.

Posters were available in the waiting area and on the practice website that detailed the costs of both NHS and private treatment. We saw 12 examples of comprehensive dental care records which showed the detail the dentist had provided to patients to assist them to reach a decision about the treatment that was best for them. This included explanations of the risks and benefits of each option.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We gathered patients' views from 45 completed Care Quality Commission comment cards. We also saw the results of the practice's patient surveys and spoke with 12 patients. Many patients who provided us or the practice with feedback had been patients at the practice many years. All the feedback we looked at reflected satisfaction with a service which met the needs of adults and children in a personalised way.

The practice ensured that patients unable to use stairs had their appointments in a ground floor treatment room and took this into account when arranging appointment days and times.

There was information for patients in the waiting rooms. This included details of NHS charges, private charges, fire procedures, complaints procedure and the practice quality assurance. There was a self check in monitor for patients to use to reduce queues at the reception desk.

Tackling inequity and promoting equality

The practice had an equality and diversity policy and all of the practice staff had access to a structured electronic HR toolkit which contained training records, policies and procedures.

Staff told us that they had very few patients who were not able to converse confidently in English although many patients first language was not English. When needed they used an interpreting service to assist with communication however this was very rarely used as the practice had a wealth of multi-lingual staff.

The practice building was in a converted commercial property which had been assessed in respect of access for patients with disabilities. The reception, main waiting

room, an accessible patients' toilet and five treatment rooms were on the ground floor. Staff told us that they always arranged for patients with restricted mobility to be seen downstairs.

Access to the service

Patients who commented on this were positive about their experience of making routine and urgent appointments.

The practice was open Monday to Friday from 8.15am to 4.45pm.

Reception staff confirmed that the length of each patient's appointments varied according to the type of treatment they needed. They told us patients needing an urgent appointment were seen on the day they contacted the practice.

When the practice was closed they provided a recorded message to let their patients know they could access emergency NHS dental treatment by telephoning the local dental access unit or by phoning the NHS 111 number.

Details of opening times and out of hours contact numbers were also available on the practice website.

Concerns & complaints

The practice had a complaints policy and procedure in place, these were also stored on the HR toolkit for easy access for all staff. There was information for patients in the waiting room and a contact form was available on the practice website. The information explained who to contact if patients had concerns and how the practice would deal with their complaint. Details of how they could complain to NHS England and the Ombudsman were detailed on the complaints procedure.

We looked at the records of complaints and saw the practice received five in the past 12 months. The practice had followed their complaints procedure and responded to the patients promptly.

Are services well-led?

Our findings

Governance arrangements

The practice had a full time retail sales manager and head receptionist who were supported by the director of training and practice management and HR manager. They formed the management team which supported eight dentists and 12 dental nurses.

Eight structured practice meetings were held a year with ad hoc meetings being held in between. We saw typed notes of these meetings were provided so that staff had a record of what was discussed at each meeting. The staff meeting notes we looked at from the last meeting held in February 2016 showed that a specific topic was covered which was health and safety. The minutes detailed that health and safety topics including manual handling, infection control, policy and safe use of X-rays were discussed.

The practice maintained a comprehensive system of policies and procedures. All of the staff we spoke with were aware of the policies and how to access them. We noted management policies and procedures were kept under review by the director of training and practice management on a regular basis.

The practice used regular audits to help them manage the practice and maintain the quality of the service they provided. We saw evidence that audits of infection prevention and control, dental care records, radiography (X-rays) and dental appliances had all been completed in the last year.

Leadership, openness and transparency

The management structure had changed recently due to a previous practice manager leaving the practice and a new role for a retail sales manager being implemented to assist the head receptionist in the day to day running of the practice. Overarching strong and effective leadership was provided by the director of training and practice management.

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the management team. They felt they were listened to and responded to when they did raise a concern. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

We found staff to be hard working, caring and committed to the work they did. All of the staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry and were happy with the practice facilities.

Learning and improvement

We found staff at the practice were positive about the future and enthusiastic about their work. Staff received training, regular practice meetings and annual appraisals.

Staff working at the practice were supported to maintain their continuing professional development as required by the General Dental Council. Staff confirmed the management team encouraged appropriate training and development. The director of training and practice management was an approved dental nurse trainer and the practice was an accredited centre for dental nurse training. The director of training and practice management was also an infection control approved trainer for an external dental organisation. The practice used a variety of ways to ensure staff development including internal training, ad hoc mini tests for nurses and attendance at external courses.

The director of training and practice management had an online training matrix on their HR toolkit which ensured all staff underwent regular mandatory training in cardio pulmonary resuscitation (CPR), infection control, safeguarding and dental radiography (X-rays). We reviewed four staff recruitment files which confirmed the HR manager kept all staff files and training records up to date.

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

The practice actively sought feedback through surveys which were collated and analysed regularly. The most recent analysis from March 2016 was positive and no improvements were highlighted as a result of this. The positive feedback from the surveys echoed the complimentary descriptions of patients' experiences in the 45 completed CQC comment cards.

Staff told us that the management team were very approachable and they felt they could give their views about how things were done at the practice. Staff confirmed that they had regular practice meetings and the minutes of these were made available if they could not

Are services well-led?

attend. Staff described the meetings as good with the opportunity to discuss successes, changes and improvements. Staff we spoke with said they felt listened to.