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Cromwell Dental Practice

Inspection Report

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Overall summary

Cromwell Dental Practice is a general dental practice in Walton-on Thames offering both NHS and private treatment. The practice treats adults and children.

The premises consists of a waiting area adjacent to the reception area and two treatment rooms. There is also a kitchen area which houses one of the two autoclaves (sterilising machine).

The staff structure of the practice consists of the provider (a dentist), a receptionist and a dental nurse. The practice has the services of two part time dental hygienists who carry out preventative advice and treatment on prescription from the dentist.

Our key findings were:

We found the practice was clean, well equipped and well maintained. At our visit we observed staff were kind, caring and put patients at their ease. They were led by the provider who told us he was planning to delegate more responsibility to staff members once they were fully trained and able to do so.

We spoke with one patient on the day of our inspection and reviewed 37 comment cards that had been completed by patients. Common themes were patients felt they received very good service in a clean environment from a helpful, friendly and reassuring practice team who listened to their concerns and fully explained treatment options.

We identified regulations that were not being met and the provider must:

- Ensure infection prevention and control procedures are audited every six months to assess compliance with Department of Health guidance.
- Ensure there is an effective system in place for the safe storage and stock control of medicines.
- Ensure staff receive appropriate training in relation to their responsibilities including interim practical knowledge of how to deal with medical emergencies prior to formal training.
- Regularly assess and monitor the quality of services provided by actively seeking feedback from patients.
- Establish a process to regularly Identify, assess and manage risks to the health, welfare and safety of patients, staff and visitors to the practice.

You can see full details of the regulations not being met at the end of this report

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

- Consider making the space for the use of an illuminated magnifier to inspect dental instruments during the decontamination process.
- Document informal discussions about how the service could be improved so that any changes made as a result can be recorded and monitored.

Summary of findings

- Regularly monitor the effectiveness of the environmental cleaning process.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

There were effective systems in place in the areas of infection control, clinical waste control, management of medical emergencies and dental radiography. We also found the equipment used in the dental practice was well maintained and in safe working order. There were limited systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. There was no effective risk management process in place to reduce harm or prevent harm from occurring. The staffing levels were appropriate for the provision of care and treatment with a good staff skill mix across the whole practice.

Are services effective?

The dental care provided was evidence based and focussed on the needs of the patients. The staff were not always up-to-date with current guidance and sometimes received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

Are services responsive to people's needs?

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

Are services well-led?

The provider was seen as very approachable by staff who felt well supported in their roles and could raise any issues or concerns with the provider at any time. The culture within the practice was seen as open and transparent. All staff told us they enjoyed working at the practice and would recommend to a family member or friends.

Overall we found the practice did not have effective clinical governance and risk management structures in place. Staff members told us the provider took on all of the responsibility for managing the practice on their own. However; the provider and staff agreed that staff could support the provider more if the provider delegated more tasks and responsibilities for the effective day to day running of the service to them.

Cromwell 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was carried out on 15th January 2015 by an inspector. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, five clinical patient records and other records relating to the management of the service. We spoke to the provider, the dental nurse and the receptionist and one patient. We also reviewed 37 comments cards completed by patients.

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

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

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

Are services safe?

Our findings

Learning and improvement from incidents

Staff understood the process for accident and incident reporting however, there was limited evidence staff understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed the accident book and found no accidents or incidents had been recorded. Staff told us as they were such a small team, they often informally discussed ways in which their service could be improved although they did formally record this. Staff members agreed it would help them assure themselves the actions they had identified had been completed if the process was documented.

Reliable safety systems and processes including safeguarding

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

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

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Information available for staff detailed the actions they should take if an injury from using sharp instruments had occurred.

Infection control

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

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

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a clear flow from 'dirty' to 'clean.' A dental nurse with responsibilities for the decontamination of instruments explained to us how instruments were decontaminated and sterilised. They wore eye protection, an apron, heavy duty gloves and a mask while instruments were placed in a washer- disinfector. This is an automated cleaning machine considered best practice in accordance with HTM 01-05 guidance.

Instruments were inspected to check for any debris or damage throughout the cleaning stages. However, the practice did not use an illuminated magnifier in line with essential quality standards. We discussed this with the provider who told us he had considered this but there was no room to place it safely.

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

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

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

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

We looked at the treatment rooms where patients were examined and treated. Both rooms and equipment appeared uncluttered and clean. However, we observed the floor in one treatment room appeared dirty in one area. Staff told us and records showed the floor was cleaned each day the room had been in use. The provider told us there were plans to change the flooring as it was difficult to maintain. However, in the meantime they would ensure the floor had a deep clean to ensure hygienic conditions were maintained.

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

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

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

Equipment and medicines

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

A recording system was in place for the prescribing, recording, and dispensing of the medicines used in clinical practice. The systems we viewed provided an account of medicines prescribed, and demonstrated patients were given their medicines when required. However, we saw the practice did not keep documented records of stock control and we found antibiotic medicines were not stored safely as they were kept in an unlocked cupboard in an unlocked room. The batch numbers and expiry dates for local anaesthetics were recorded.

Monitoring health & safety and responding to risks

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

The practice had carried out an assessment of risks to the health, safety and welfare of patients, staff and visitors to the premises. Although risks had been identified, any actions taken to minimise these risks were not recorded. Therefore we could not confirm whether or not there was an effective risk management system in place.

There were not effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We asked to see the COSHH file and found the provider did not have a system in place to manage risks (to patients, staff and visitors) associated with substances hazardous to health. We saw records showing the practice staff were booked to undertake COSHH training in the near future.

Medical emergencies

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

Records showed all staff had not recently completed training in emergency resuscitation and basic life support including the use of the automatic external defibrillator (AED). Staff we spoke with told us they would be guided by the provider if a medical emergency situation arose and we were concerned they did not have up to date knowledge to

Are services safe?

respond independently if a patient suddenly became unwell. The provider had recognised this and we saw staff were booked to undertake training in medical emergencies in the near future.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for two staff members. Each file contained evidence that satisfied the requirements of schedule 3 of the Health and Social Care Act, 2008. This included application forms, employment history and evidence of qualifications. The qualification, skills and experience of each employee had been fully considered as part of the recruitment process.

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

We found there was a policy in place to monitor and review when staff were not well enough to work.

Radiography (X-rays)

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

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

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

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

The provider demonstrated a clear understanding of how the Mental Capacity Act 2005 applied in considering whether or not patients had the capacity to consent to dental treatment. However, other staff members had limited understanding and had not undertaken any relevant training. The provider explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

Monitoring and improving outcomes for people using best practice

We found the dentist regularly assessed each patient's gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded an examination of a patient's soft tissues (including lips, tongue and palate) and their use of tobacco. These measures demonstrated to us a risk assessment process for oral disease. The dentist told us they had recently started to ask patients about alcohol use but did not record it. During our inspection, the receptionist changed the medical history form to ensure this information would be recorded in future.

We found the justification, findings and quality assurance of X-ray images taken was not always recorded. We discussed this with the provider who agreed this information should be included to ensure a full record is kept.

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

Working with other services

The practice had an effective policy and system in place for referring patients for dental treatment and specialist procedures to other colleagues where appropriate. The provider told us the practice involved other professionals and specialists in the care and treatment of patients where it was in the patient's best interest. The practice monitored their referral process to ensure patients had access to treatment they needed within a reasonable amount of time.

Health promotion & prevention

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

Records showed patients were given advice appropriate to their individual needs such as smoking cessation or diet advice. Staff told us the practice had recently displayed promotional leaflets for patients encouraging them to stop their alcohol use during January as part of a wider charity promotion. A patient told us through a comment card the dental hygienist had made recommendations enabling them to maintain a healthy mouth.

Staffing

There was an induction programme for dental nursing and reception staff to follow which included training in health and safety, confidentiality and security of patient information, complaint handling, accident and incident reporting and communication. New staff members shadowed more experienced staff members to gain knowledge and experience of how to support patients. The dental nurse was not yet registered with the General Dental Council (GDC) however, they had applied for a place on a training course leading to an examination which would enable them to qualify as a dental nurse and register with the GDC.

Are services effective?

(for example, treatment is effective)

The provider had supported the receptionist to consider undertaking further training in practice management.

We found the provider had not ensured staff were fully trained to enable them to fully support patients effectively. For example, staff had limited knowledge in areas such as how to deal with medical emergencies, risk management processes and consent. However; the provider had recognised this and was working with an external training company who had outlined a training programme for all staff members. The dentist and dental hygienists had undertaken recent training to ensure they kept up to date with the core training and registration requirements issued by the General Dental Council. This included areas such as responding to medical emergencies, infection control and prevention, early detection of oral cancer and radiography/ radiation protection.

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

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The provider and staff explained to us how they ensured information about patients was kept confidential. Patients' clinical records were stored securely in a lockable filing cabinet. Staff members demonstrated to us their knowledge of data protection and how to maintain confidentiality. They told us security of information was a top priority for the practice. Staff told us patients were able to have confidential discussions about their care and treatment in the treatment rooms.

Patients told us through comment cards the practice staff were calming, helpful and friendly and the dentist was very caring.

One comment card reflected the dental hygienist had been very mindful of the patient's sensitive teeth when providing care and treatment. Two patients commented they had been previously nervous of dental treatment but were now relaxed and happy to attend since visiting this practice.

Involvement in decisions about care and treatment

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

These were used to supplement a comprehensive treatment plan which was developed following examination of and discussion with the patient. Patients told us through comment cards they thought treatment options had been explained well and that practice staff had listened to their needs and given advice where needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

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

Tackling inequity and promoting equality

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

Staff told us they were able to reserve a car parking space for people using wheelchairs or those with limited mobility if they requested it. A ramp was available to support people using wheelchairs to enter the practice.

Access to the service

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

Concerns & complaints

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

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

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response.

Are services well-led?

Our findings

Leadership, openness and transparency

Staff reported there was an open culture at the practice and they felt valued and supported by the provider. Staff felt they could raise issues at any time with the provider without fear of discrimination as they were very approachable. Staff told us it was a nice environment to work in and they enjoyed coming to work at the practice.

Governance arrangements

Staff members told us they felt well supported by the provider and were clear about their roles and responsibilities. Patients' clinical records provided a full and accurate account of the care and treatment they had received and appropriate records relating to the management of the practice were maintained. The practice ensured the information they held was kept secure.

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

Records showed the practice conducted regular staff meetings. Staff members told us they found these were a useful opportunity to share ideas and experiences which were always listened to and acted upon. They told us they also had daily discussions with the provider and felt involved in suggestions on how the practice could improve.

The provider told us patients were regularly asked if they were satisfied with the care and treatment they received. However, we found there was no formal process in place to record patient feedback, nor was there a system in place to act upon suggestions received from patients.

Management lead through learning and improvement

The provider held British Dental Association (BDA) 'Expert' membership which enables access to on-going support and advice relating to dental practice management. Although the provider had implemented many of the recommended policies and procedures, the practice did not regularly assess and monitor the quality of service provided in order to learn and improve. The provider acknowledged during the inspection this would be useful and immediately resolved to undertake a record card audit and assess other areas of the practice to identify where improvements may be needed.

There had been audits of infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. However, these were not always undertaken every six months, as recommended in HTM 01-05 guidance, to ensure compliance with essential quality standards. The most recent audit indicated the facilities and management of decontamination and infection control were managed well (95 per cent compliant). However, we noted the audit had been completed online and the practice was unable to show us any action points where improvements were needed.

The practice had completed an audit to assess the quality of X-ray images. This showed X-rays taken were an acceptable standard therefore minimising the risk of further (and unnecessary) X-ray exposure to patients.

This section is primarily information for the provider

Requirement notices

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.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision How the regulation was not being met: The provider; · Had not identified, assessed and managed risks to the health, welfare and safety of service users and others in relation to the Control of Substances Hazardous to Health Regulations 2002. · Did not regularly assess and monitor the quality of services provided as there was no audit schedule in place. · Did not regularly seek the views of patients. Regulation 10(1)(a)(b)(2)(e)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff How the regulation was not being met: The provider had not ensured staff members were appropriately trained in dealing with medical emergencies.