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Hyslop Dental and Implant Clinic

Inspection report

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Overall summary

We carried out a comprehensive inspection of Hyslop Dental and Implant Clinic on 19 January 2015.

Hyslop Dental and Implant Clinic is situated near Southport town centre. It offers both NHS and private dental care services to patients of all ages. The services provided include preventative advice and treatment and routine and restorative dental care. The principal dentist carries out dental implants both for patients who attend this practice and for patients who have been referred by other local dental practices.

Hyslop Dental and Implant Clinic has two full time dentists and one part time dentist, five dental nurses, a dental hygienist/therapist, a practice manager and supporting administration staff. The dental nurses carry out extended duties including taking of X-rays and providing fluoride applications.

We spoke with two patients who used the service on the day of our inspection and reviewed 29 completed CQC comment cards. Patients we spoke with and those who completed comment cards were positive about the care they received from the practice. They commented staff were caring, helpful and respectful.

Our key findings were:

- The practice had systems to monitor patient safety through reporting and learning from incidents and significant events. The premises were clean and there was clear guidance available for staff regarding infection prevention and control.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance for example from the Faculty of General Dental Practice (FGDP). Staff received training appropriate to their roles and told us they felt well supported to carry out their work.
- Patients told us they were treated with kindness and respect by staff. Staff were knowledgeable about patient confidentiality and we observed good interaction between staff and patients during the inspection.
- The practice had recorded and acted upon complaints made in order to improve the service for patients. Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.

Summary of findings

- There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.

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 systems in place to help ensure the safety of staff and patients. These included safeguarding children and adults from abuse, maintaining the required standards of infection prevention and control and responding to medical emergencies. There were clear guidelines regarding the maintenance of equipment and the storage of medicines in order to deliver care safely. In the event of an incident or accident occurring; the practice documented, investigated and learnt from it.

The practice followed procedures for the safe recruitment of staff and had systems in place to support them carry out their work.

Are services effective?

The practice followed guidance issued by the Faculty of General Dental Practice (FGDP); for example, regarding taking X-rays at appropriate intervals. Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of oral health assessments and treatment carried out and monitored any changes in the patient's oral health. The practice had systems in place to ensure patients who were referred to them to be assessed for a dental implant were treated safely and that essential information was shared between dental practices.

Staff were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration. Records showed patients were given health promotion advice appropriate to their individual needs such as smoking cessation.

Are services caring?

We observed that privacy and confidentiality were maintained for patients using the service on the day of the inspection.

Staff recognised the importance of explaining the assessment and options for treatment to patients. Before treatment commenced patients signed their treatment plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients when required.

Are services responsive to people's needs?

The practice offered routine and emergency appointments each day. There were clear instructions for patients requiring urgent care when the practice was closed. Staff assisted patients requiring help with pushchairs or wheelchairs and there were plans in place to improve access for patients who were disabled.

There was a procedure in place for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. Staff were knowledgeable about the process. The practice had responded appropriately to complaints and had made changes; for example, to improve information provided to patients.

Are services well-led?

There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions. The practice manager ensured policies and procedures were in place to support the safe running of the service. They had a clear action plan in place for the year ahead to ensure the practice continued to develop. This included improvements in practice facilities, development of the practice website and workforce planning.

Summary of findings

There were systems to monitor the quality of the service. The practice manager and principal dentist led on aspects of governance such as handling complaints and seeking feedback from patients; risk management and audits and staff development.

Hyslop Dental and Implant Clinic

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 the CQC.

We carried out an announced inspection on the 19 January 2015 The inspection team consisted of a Care Quality Commission (CQC) inspector and a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider and from other organisations. We also viewed information that we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives and a record of any complaints received in the last 12 months.

During the inspection we toured the premises and spoke with two dentists, two dental nurses, two reception staff and the practice manager. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service..

We spoke with two patients who were using the service on the day of the inspection and obtained views of 29 patients who had filled in CQC comment cards.

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

Learning and improvement from incidents

We saw evidence that incidents and accidents were documented, investigated and reflected upon by the dental practice. Staff told us they were confident about reporting incidents and accidents and that changes had been made as a result of discussing them.

Incidents were discussed at practice meetings to ensure learning took place. For example a recent incident where a patient had become unwell and required emergency medical attention was reviewed by the team at a practice meeting. It showed staff had acted swiftly to provide appropriate care and to contact emergency services quickly. Staff suggested adding guidance in their 'Managing Medical Emergencies Policy and Procedures' regarding using a mobile phone to contact emergency services should there be a delay in accessing a landline. This suggestion has been acted upon by the practice manager.

The practice manager checked all safety alerts and ensured staff were informed about them.

Reliable safety systems and processes (including safeguarding)

The practice had up to date child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff. Staff had access to contact details for both child protection and adult safeguarding teams. The principal dentist and the practice manager were safeguarding leads for the practice. Staff we spoke with were knowledgeable about the types of abuse to look for and how to report concerns. Safeguarding was identified as essential training for all staff to undertake every 12 months and records showed staff had completed their annual update .

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines regarding responding to a sharps injury (needles and sharp instruments), managing serious accidents at work and accessing up to date information regarding adverse reactions to medicines.

Records showed a fire risk assessment was completed in November 2014 and fire extinguishers were serviced in 2014. We saw notices in the building regarding procedures to follow in the event of a fire and staff were knowledgeable about their duties. The practice manager tested fire alarms each week and records confirmed this. However there were no formal fire drills and no identified fire marshals in place to ensure procedures were followed efficiently in the event of a fire. The practice manager confirmed these would be put in place immediately.

Infection control

We looked around the premises during the inspection and found the treatment rooms appeared clean and hygienic. They had sealed floors and work surfaces that could be cleaned with ease to promote good standards of infection control. We looked at the cleaning schedules for the practice and saw records to evidence these had been carried out. The treatment rooms were free from clutter, with surfaces that could be cleaned and disinfected between patients. Staff we spoke with told us they cleaned the treatment areas and surfaces between each patient and at the end of the morning and afternoon sessions to help maintain infection control standards.

There were hand washing facilities in each treatment room and staff had access to sufficient supplies of protective equipment for patients and staff members. Staff and patients we spoke with confirmed that staff wore protective aprons, gloves and masks during assessment and treatment in accordance with infection control procedures.

We observed infection control procedures were in place with regard to dental implants. Sterile surgical kits, sterile irrigant bags and dedicated drill units were used in accordance with current guidelines regarding implants by the Faculty of General Dental Practice (FGDP).

The practice manager was lead for infection control. They helped to ensure staff had the right knowledge and skills to maintain hygiene standards by providing annual training. Training records showed all staff had received Infection prevention and control training in the last 12 months. The practice manager carried out six monthly audits to regularly monitor that infection control procedures were being followed and standards met. An external infection control audit had been carried out in 2013 and the practice had met the required standards. The practice had carried out the self- assessment audit in October 2014 relating to the Department of Health's guidance on decontamination

Are services safe?

in dental services (HTM01-05).This is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment. The audit showed the practice was meeting the required standards.

The practice's infection control action plan included updating the practice's infection control policy, ensuring staff had completed their annual update, arranging for a quotation for new flooring in one of the treatment rooms and considering the cost and logistics of creating a decontamination room. The practice manager confirmed these actions would be completed by the date of the next audit in April 2015

Dental nurses completed the cleaning and decontamination of instruments in each of the treatment rooms. The practice manager described to us in detail the practice's infection control procedures and demonstrated they had followed HTM 01-05 guidance in maintaining the level of cleanliness required. They showed us the procedures involved in ensuring dirty and clean instruments were kept apart to prevent contamination. The size and layout of the treatment rooms ensured there was a clear flow from 'dirty' to 'clean' areas. Dental nurses we spoke with were also knowledgeable about the infection control procedures. This included the procedures they followed regarding manual scrubbing and rinsing of instruments and inspecting to check for any debris or damage throughout the cleaning stages. The practice had systems in place for daily quality testing the decontamination equipment and we saw records which confirmed these had taken place. We found clean instruments were stored in sealed packaging, with the date of sterilisation showing they were all in date and ready for use. Records showed weekly checks to ensure all instruments were still in date.

The practice had a comprehensive infection control policy and procedures to help keep patients safe, including hand hygiene, health and safety, safe handling of instruments, managing waste products and decontamination guidance. These were reviewed and updated in October 2014. We observed that waste was separated into safe containers for disposal by a registered waste carrier and documentation was detailed and up to date.

Dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Records showed a risk assessment for Legionella had been carried out and was due for review in September 2015. A certificate of registration was issued from the Legionella Control Association in August 2014. Records showed that water temperature tests were carried out monthly. The risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to ensure risk to patients and staff of developing Legionnaires' disease were minimized. (Legionella is a germ found in the environment which can contaminate water systems in buildings).

Equipment and medicines

There were systems in place to check and record that all equipment was in working order. Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. This helped ensure there was no disruption in the delivery of care and treatment to patients.

The practice had an up to date prescribing and dispensing medicines policy. This provided clear guidance regarding the prescribing, recording, dispensing, use and stock control of the medicines used in clinical practice. The batch numbers and expiry dates for local anaesthetics were recorded. These medicines were stored safely for the protection of patients. Prescription pads were securely stored and we saw an up to date a log of all prescriptions used which provided a clear audit trail.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place and all new employees were required to read it during their induction. The practice had a comprehensive risk management process which was continually being updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for eye injuries when cleaning instruments, managing waste products and the risk of falls. The assessments were reviewed annually and included the controls and actions to manage risks.

The practice had a comprehensive business continuity plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service. The plan covered staffing, records, electronic systems, environmental events and included key contact numbers. Copies of the plan were held in the practice, by the practice manager and by the dentists.

Are services safe?

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. An emergency resuscitation kit, oxygen and emergency medicines were available. Records showed regular checks were done to ensure the equipment and emergency medicine was safe to use. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). Staff were knowledgeable about what to do in a medical emergency and had received their annual training in emergency resuscitation and basic life support.

Staff told us about the current arrangements for accessing an Automated External Defibrillator (AED) from two nearby locations. (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). Following discussion the practice manager confirmed they would complete a risk assessment of this arrangement and provide written guidance to staff regarding accessing an AED from other services. The practice manager told us they planned to purchase an AED as soon as practicable.

Two staff were qualified in first aid and were confident about their role.

Staff recruitment

The practice had a detailed checklist for the safe recruitment of staff which included seeking references, proof of identity and checking qualifications and professional registration. Records showed the recruitment procedure had been followed.

The practice manager checked the professional registration for newly employed clinical staff and each year to ensure that professional registrations were up to date.

The practice manager confirmed the practice carried out Disclosure and Barring service (DBS) checks for all staff. These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post.

Newly employed staff had a period of induction to familiarise themselves with the way the practice ran, before being allowed to work unsupervised. This was evident in the induction programme for a new member of staff.

Radiography (X-rays)

We checked the service's radiation protection file as X-rays were taken and developed at the practice. This was detailed and up to date about the maintenance of x-ray equipment and copies of critical examination reports. We also looked at X-ray equipment at the practice and talked with staff about its use. One of the dental nurses had received enhanced training in radiography to help ensure good practice guidance was followed.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw local rules relating to each X-ray machine was displayed in accordance with guidance**.** We saw that X ray audits were also being carried out.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

Patients were given appropriate verbal and written information to support them to make decisions about the treatment they received. The practice had a detailed consent policy which provided staff with guidance and information about when consent was required and how it should be recorded. Staff were knowledgeable about how to ensure patients had sufficient information and mental capacity to give informed consent.

The clinical staff we spoke with had an understanding of the principles of the Mental Capacity Act (MCA) 2005 and how it was relevant to ensuring patients had the capacity to consent to dental treatment. They described how they involved relatives and carers to help patients who required support with making decisions to ensure the best interests of the patient were met. The practice manager has identified MCA training as essential for staff in 2015 and is developing formal guidelines to be incorporated into current policies regarding safeguarding and consent.

Staff ensured patients gave their consent to care and treatment before treatment began. Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient and then 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 comments patients made on CQC comment cards and in patient records.

Monitoring and improving outcomes for people using best practice

The practice kept up to date detailed electronic and paper records of the care given to patients. Dental care records provided comprehensive information about the patients oral health assessments, treatment and advice given. They included details about the condition of the teeth, soft tissues lining the mouth and gums which were reviewed at each examination in order to monitor any changes in the patient's oral health. The dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and determine how frequently to recall them.

X-rays were taken at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). Medical history checks were updated at every visit and the paper and electronic records we looked at confirmed this.

The practice had a strong focus on preventative care and supporting people to ensure better oral health. Fluoride applications for children and oral health advice were provided. A selection of dental products were on sale in the practice to assist patients with their oral health.

Patients were given a copy of their treatment plan, including any fees involved. Where patients were having both NHS and private treatments as part of their care they received separate treatment plans. This gave patients clear information about the different elements of their treatment and the costs relating to them. Treatment plans were signed before treatment began.

Working with other services

The practice worked with other services to meet the needs of patients. For example referrals were made to hospitals and specialist dental services for further investigations, orthodontics and conscious sedation. The practice completed detailed proformas or referral letters to ensure the specialist service had all the relevant information required. This was evidenced by entries in patient records and letters to and from the specialist services.

The practice had systems in place to ensure patients who were referred to the practice to be assessed for a dental implant were treated safely and that information was shared with the patient's own dentist The practice required the referring dentist to complete a referral form which provided them with essential information. A full medical history and assessment was carried out by the practice before discussing treatment options with the patient. Following treatment a follow up letter was sent to the patient's dentist with the details of the treatment provided and the outcome of the procedures.

Health promotion & prevention

There were health promotion leaflets available in the practice to support patients look after their oral health. They included information about good oral hygiene, healthy eating especially for children and the early detection of oral cancer. Records showed patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice.

Are services effective?

(for example, treatment is effective)

Staffing

The practice manager confirmed a period of induction was arranged for new staff to support them in the first few weeks of working at the practice. Staff told us they had easy access to a range of policies and procedures to support them in their work. The practice had systems in place to support staff to be suitably skilled to meet patients' needs. The manager met with staff individually to discuss their professional development. They kept a record of all training carried out by clinical and administration staff to ensure staff had the right skills to carry out their work. Mandatory training included basic life support, safeguarding and infection control. Records showed staff were up to date with this learning.

Dentists and dental nurses told us they had access to training to maintain their professional registration. All clinical staff were required to maintain an on-going programme of continuous professional development as part of their registration with the General Dental Council. Records showed professional registration was up to date for all staff and we saw evidence of on-going continuous professional development.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. The practice manager met nurses individually to discuss their professional development and training needs.

Weekly team meetings for reception staff and monthly practice meetings were in place to support staff. Staff told us the manager and the dentists were readily available to speak to at all times.

Staffing levels were monitored and staff absences planned for to ensure the service was uninterrupted.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 29 CQC comment cards that patients had completed prior to the inspection and spoke with two patients on the day of the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity.

We observed that privacy and confidentiality were maintained for patients using the service on the day of the inspection. Patients' dental care records were stored electronically, password protected and regularly backed up to secure storage. Paper records were kept securely in a locked cabinet. Staff we spoke with were aware of the importance of providing patients with privacy and told us there were always rooms available if patients wished to discuss something with them away from the reception area.

Sufficient treatment rooms were available and used for all discussions with patients. We observed staff were helpful, discreet and respectful to patients.

Involvement in decisions about care and treatment

Staff recognised the importance of explaining the assessment and options for treatment to patients. Six patients commented on CQC comment cards they had been fully involved in making decisions about their treatment, were at ease speaking with the dentists and felt listened to. Records showed patients were given as much information as possible to make informed choices .

Patients were given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment. Before treatment commenced patients signed the plan to confirm they understood and agreed to the treatment. Staff told us they involved relatives and carers to support patients when required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice provided patients with information about the services they offered in their practice leaflet and website. This included routine dental care, bridges, crowns and dental implants. We found the practice had an efficient appointment system in place to respond to patients' needs. The practice had an electronic appointment system and we found that each dentist had at least three vacant slots each day for emergency appointments. Staff told us that the majority of patients who requested an urgent appointment would be seen within 24 hours.

Staff told us the appointment system gave them sufficient time to meet patient needs. We observed the clinics ran smoothly on the day of the inspection and patients were not kept waiting. Patients commented they had sufficient time during their appointment and they were seen promptly. Staff told us if appointments were running late they would speak with the patient waiting to ensure they were kept informed and were able to continue to wait.

Tackling inequity and promoting equality

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients. One of the dentists had recently completed equality and diversity update training which they were scheduled to cascade to the team. Staff told us patients who had English as their second language often attended with relatives who interpreted for them.. The practice manager and was knowledgeable about how to arrange an interpreter if required.

The practice had steep steps at the front of the building and staff told us they assisted patients with pushchairs or those with limited mobility. Patients who used a wheelchair could access the premises through a door at the rear of the premises. The dentists told us the physical access to the building required improvement and they had plans to provide disabled access via a ramp and a new entrance in 2015. All treatment rooms were on the ground floor and sufficiently spacious to accommodate a pushchair or wheelchair.

Staff described to us how they had supported patients with additional needs such as a learning disability. They ensured patients were supported by their carer or a relative and that there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

Access to the service

The practice displayed its opening hours in their premises, in the practice leaflet and on their website. Opening hours were Monday to Thursday from 8.30am to 5.30pm and Friday from 8.30am to 5.00pm. The practice had clear instructions for patients requiring urgent dental care when the practice was closed.

The practice supported patients to attend by writing to remind them about their forthcoming appointment. They also contacted patients by phone the day before they were due to attend. Appointments no longer required could then be available for emergencies. They actively followed up patients if they failed to attend for treatment by contacting them to offer alternative appointments.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Staff told us they raised any formal or informal comments or concerns with the practice manager to ensure these were responded to.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place which ensured a timely response. Information for patients about how to raise a concern or offer suggestions was available in the waiting room and in the practice leaflet. A suggestions box was available in the waiting room.

We saw a summary of the three complaints received by the practice in the last 12 months, including the outcome of the investigations and communication with the patients concerned. The complaints had been discussed with staff and learning had taken place; for example to help ensure fees were clearly explained to patients. We observed the practice had information for patients at reception, in the waiting area and on their treatments plans regarding treatment costs.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action?)

Our findings

Leadership, openness and transparency

There were clearly defined leadership roles within the practice. The practice manager ensured human resource and clinical policies and procedures were reviewed and updated to support the safe running of the service. These included guidance on data protection, confidentiality, record keeping and consent to treatment. The practice manager had an action plan in place for the year ahead to ensure the practice continued to develop. This included improvements in practice facilities, development of the practice website and workforce planning.

Staff told us there was an open culture at the practice and they felt well supported. They reported the practice manager and dentists were very approachable. There were good arrangements for sharing information across the practice including monthly practice meetings which were documented for those staff unable to attend. Staff told us this helped them keep up to date with new developments and policies. It also gave them an opportunity to make suggestions and provide feedback to the practice manager.

Governance arrangements

The practice manager was responsible for the day to day running of the service. The practice manager and principal dentist ensured there were systems to monitor the quality of the service. These were used to make improvements to the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw detailed risk assessments and the control measures in place to manage those risks. The practice carried out audits to ensure their procedures and protocols were being carried out and were effective. These included audits of records, infection control and X-rays. Lead roles, for example in infection control, radiography and safeguarding supported the practice to identify and manage risks and helped ensure information was shared with all team members.

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

The practice had systems in place to seek and act upon feedback from patients using the service, including carrying out an annual patient survey and providing a suggestions box in the waiting room. The most recent patient survey in June 2014 showed a high level of satisfaction with the quality of service provided. Reception staff told us any suggestions or comments patients made directly to them were reported to the practice manager and discussed at practice meetings. Positive comments about the service patients had experienced were evident on the office noticeboard.

Management lead through learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff had professional development plans which identified learning and development needs.

Staff told us they had access to training and the practice manager monitored staff training to ensure essential training was completed each year. 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 and dental hygienist 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 practice manager kept a record to evidence that staff were up to date with their professional registration.

The practice audited areas of their practice as part of a system of continuous improvement and learning. For example, we saw infection control and patient record audits and action plans were in place to ensure improvements were made.