Aesthetika Dental Studio Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 30 June 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Aesthtika Dental Studio is located in the London Borough of Kingston. The premises consist of two treatment rooms, a decontamination room, waiting room with reception area and two toilets.

The practice provides private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment, veneers, crowns and bridges, and oral hygiene.

The staff structure of the practice is comprised of two principal dentists (who were also the owners), one hygienist and one trainee dental nurse. The dental nurse also acts as receptionist and the principal dentists are working jointly to manage the practice until the practice manager post is filled.

The practice is open on Monday, Thursday and Friday from 9:00am to 6:00pm, on Tuesday 9:00am to 8:00pm, Wednesday 9.00am to 5.00pm, and on Saturday 9:00am to 2:00pm. . Staff told us they accommodated patients if they needed earlier or later appointments.

This is a new practice which registered with the CQC in January 2015. It has not previously been inspected. One of the principal dentists is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'.

Summary of findings

Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We carried out an announced, comprehensive inspection on 30 June 2015. The inspection took place over one day and was carried out by a CQC inspector who had access to remote advice from a dentist specialist advisor.

We collected feedback from 20 patients via comment cards. They all described a very positive view of the service. Patients commented that the whole team were welcoming, professional, caring, respectful and friendly.

Our key findings were:

- The practice had systems in place to record and analyse significant events and complaints and cascaded learning to staff.
- Staff had received safeguarding and whistleblowing training and knew the processes to follow to raise any concerns.
- Staff had been trained to handle emergencies; appropriate medicines and life-saving equipment were readily available.
- Infection control procedures were robust and the practice followed published guidance on the majority of occasions, however, there were minor areas for improvement.
- Patient care and treatment was planned and delivered in line with evidence based guidelines, best practice and current legislation.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There was an effective complaints system and the practice was open and transparent with apologies given if a mistake had been made.

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

- Ensure all staff are aware of their responsibilities under the Mental Capacity Act (MCA) 2005 as it relates to their role.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and protocols which were effectively used to minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. There were systems for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The practice had policies and protocols, which staff were following, for the management of infection control, medical emergencies and dental radiography. We found the equipment used in the practice was well maintained and checked for effectiveness.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the GDC.

Are services caring?

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

We received positive feedback from patients through comment cards. Patients commented that the whole team were welcoming, professional, caring, respectful and friendly. Patients were very happy with the quality of treatment provided. Staff were mindful about a 'patient centred' approach to treating patients. They were aware of the importance of protecting patients' privacy and dignity.

Are services responsive to people's needs?

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

Patients were able to access treatment within a reasonable time frame and had adequate time scheduled with the dentist to assess their needs and receive treatment. The practice treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

The practice had a complaints procedure that explained to patients the process to follow. There had been no complaints received.

Are services well-led?

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

The practice had effective leadership and an open supportive culture. Governance arrangements were in place to guide the management of the practice. This included having appropriate policies and procedures.

The practice had arrangements in place for monitoring and improving the services provided for patients. Regular checks and audits were completed to ensure the practice was safe and patient's needs were being met.

Summary of findings

The practice had a full range of policies and procedures to ensure the practice was safe and met patient's needs.

Aesthetika Dental Studio

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 30 June 2015. The inspection took place over one day. The inspection was led by a CQC inspector who had access to remote advice from a dentist specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the local Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with four members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed dental staff carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We collected feedback from 20 patients via comment cards. They all described a very positive view of the service. Patients commented that the whole team were welcoming, professional, caring, respectful and friendly.

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

There was an effective system in place for reporting and learning from incidents. There had been no incidents or accidents reported. However, there was a policy in place that described the actions that staff needed to take in the event that something went wrong or there was a 'near miss'. The staff confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team, social services and other agencies, such as the Care Quality Commission. This information was displayed in the staff room and on file in the reception area. The principal dentist was the lead for safeguarding and all the staff we spoke with were aware of this. The lead demonstrated they had a good understanding of what they needed to do if they suspected potential abuse.

We saw evidence that staff had completed safeguarding training and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues internally with the person in charge.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. Medical oxygen and other related items, such as manual breathing aids and portable suction, were available in line with the Resuscitation Council UK guidelines. The emergency medicines were all in date and stored securely with emergency oxygen in a central location known to all staff.

Staff received annual training in using the emergency equipment. We noted that the training also included responding to different scenarios, such as epileptic seizures and anaphylaxis, using role-playing drills. The most recent staff training sessions had taken place in October 2014.

Staff recruitment

The practice staffing consisted of two principal dentists (who were also the owners), one hygienist and one trainee dental nurse.

There was a recruitment policy in place and we reviewed the recruitment files for all staff members. We saw that relevant checks to ensure that the person being recruited was suitable and competent for the role had been carried out. This included the review of employment history, evidence of relevant qualifications, the checking of references, and a check of registration with the General Dental Council. The practice had a policy to carry out DBS checks for all members of staff and details related to these checks were kept on file. All staff were up to date with their Hepatitis B immunisations and records were kept in staff files

Monitoring health & safety and responding to risks

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, risk assessments had been carried for fire safety, the safe use of X-ray equipment, disposal of waste, and the safe use of sharps (needles and sharp instruments). The principal dentists could demonstrate that they followed up any issues identified during audits as a method for minimising risks.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a detailed COSHH file where risks to

patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks. We saw that COSHH products were securely stored.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts arrived via email to the practice and staff were informed, where appropriate. The practice kept a historical file of alerts received.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments in line with national guidance. A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth. One of the dentists explained they used an alternative safe method where rubber dam could not be used and this involved tying dental floss to root canal files before they were used in the mouth.

The practice had a business continuity plan in place to ensure continuity of care in the event that the practice's premises could not be used for any reason. The plan consisted of a detailed list of contacts and advice on how to continue care without compromising the safety of any patient or member of staff.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. It was demonstrated through direct observation of the cleaning process and a review of protocols that the practice was following 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)'.

There had been regular, six-monthly infection control audits and where any improvements were required these were implemented. The last audit showed a high score of 98 percent. The principal dentist explained that the shortcoming was because one of the dental chairs had a small tear that was due to be repaired and there were no hand moisturising dispensers available.

We observed that the two dental treatment rooms, waiting area, reception and two toilets were clean, tidy and clutter free. Clear zoning marked clean from dirty areas in all of the treatment rooms and the decontamination room. Hand washing facilities including liquid soap and paper towels were available in each of the treatment rooms and toilets. Hand washing protocols were displayed appropriately in various areas of the practice and bare below the elbow working was observed.

We examined the facilities for cleaning and decontaminating dental instruments. The staff showed us how they used the clean and dirty zones in the rooms and demonstrated a good understanding of the correct processes. They wore appropriate protective equipment, such as heavy duty gloves and eye protection. Items were manually cleaned in the treatment rooms and an illuminated magnification device was used to check for any debris during the cleaning stages. Items were transported in sealed clean boxes and placed in an autoclave (steriliser) in the decontamination room. Once instruments were sterilised they were placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective.

The autoclaves were checked daily for their performance, for example, in terms of temperature and pressure tests. A log was kept of the results demonstrating that the equipment was working well.

The drawers and cupboards of both treatment rooms were inspected. The room was well stocked. All of the instruments were placed in pouches and it was obvious which items were for single use as they were clearly labelled. Each treatment room had the appropriate routine personal protective equipment such as gloves, aprons and eye protection available for staff and patient use.

The practice used a system of individual consignments and invoices with a waste disposal company. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps. Staff demonstrated they understood how to dispose of single-use items appropriately.

Records showed that a Legionella risk assessment had been carried out by an external company in February 2015. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). This process identified low risks. The practice demonstrated that they had acted on this advice to minimise the risks. For example, they could demonstrate they were now testing and

Are services safe?

recording hot and cold water temperatures on a monthly basis. We also saw evidence that dental water lines were being flushed in accordance with current guidance in order to prevent the growth of Legionella.

The premises appeared clean and tidy. There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule 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 spread.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, autoclaves and X-ray equipment had all been inspected and serviced in 2014/2015. Portable appliance testing (PAT) had been completed in accordance with good practice guidance and was next due in June 2016. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The expiry dates of medicines, oxygen and equipment were monitored using a daily and monthly check sheet which enabled the staff to replace out-of-date drugs and equipment promptly.

Radiography (X-rays)

The practice followed the Ionising Radiation Regulations (IRR) 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R) guidelines. They kept a radiation protection file in relation to the use and maintenance of X–ray equipment.

There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) in 2015 which was within the recommended timescales of every three years. One of the clinical dental team was the radiation protection supervisor (RPS). All clinical staff including the RPS had completed the necessary radiation training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines.

The dentists we spoke with described how they carried out patient assessments using a typical patient journey scenario. Patients were requested to complete a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. The assessment also included details of their dental and social history.

We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were explained in detail the treatment options.

The dental record was updated with the proposed treatment after discussing options with the patient. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

A review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. The clinical records were well-structured and contained sufficient detail about each patient's dental treatment. We saw note of details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Where patients had a score that was higher than three to four there were further investigations noted. These were carried out at each dental health assessment. Details of the treatments carried out were also documented; dental X-rays were justified, reported on and quality assured, anaesthetic details including type, site of administration, batch number and expiry date were recorded.

Health promotion & prevention

Our discussions with staff, together with our review of the dental care records showed that, where relevant, preventative dental information was given in order to improve outcomes for patients. This included advice around smoking cessation, alcohol consumption and diet. Additionally, the dentists carried checks to look for the signs of oral cancer. Patients attending the practice were advised during their consultation of steps to take to maintain healthy teeth. Tooth brushing techniques were explained to patients in a way they understood and how to prevent gum disease and maintain health gums.

We observed that there were some health promotion materials displayed in the waiting area. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, safeguarding and infection control.

There was an induction programme for new staff to follow. The trainee dental nurse told us they had received a thorough induction that included learning about the protocols and systems in place at the practice. They had signed an induction sheet to confirm they had understood and completed their knowledge of the practice systems. There was an appraisal at the end of the induction period.

One of the principal dentists held regular supervision and review meetings with the trainee dental nurse. This provided them with an opportunity to discuss their current performance as well as their career aspirations. The nurse told us they felt well supported in their development and inspired by the knowledge received from the principal dentist.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The dentists used a system of onward referral to other providers, for example, for complex oral surgery or advanced conservation.

One of the dentists showed us that referral letters were sent out on the same day that the dentist made the recommendation. All letters were electronically filed into patient's notes and kept on the computer. Patients were

Are services effective?

(for example, treatment is effective)

offered a copy of their referral letters to ensure they understood which service they had been referred to. When the patient had received their treatment they were discharged back to the practice for further follow-up and monitoring. The dentist told us, as a matter of course, they remained in contact with the patient to ensure they had been treated and followed up with the clinician that the patient had been referred to.

Consent to care and treatment

The dentists we spoke with explained how they obtained valid informed consent. They told us they explained their findings to patients and kept detailed clinical records showing that they had discussed the available options with them. They also used pictures and models to explain treatments in detail and before continuing with treatment patients were asked to confirm what they understood about the information given to them. Patients were given consent forms to sign before treatment was started. We saw clinical treatment records which showed this was the case.

We noted staff had not received formal training in the requirements of the Mental Capacity Act (MCA) 2005; however staff understood the general principles of the Act and were able to explain how they would manage care for a patient who may have issues related to mental health.

Staff explained to us how they would manage a patient who lacked the capacity to consent to dental treatment. If there was any doubt about a patient's ability to understand or consent to the treatment, they would then involve the patient's family, along with social workers and other professionals involved in the care of the patient, to ensure that the best interests of the patient were met. The Mental Capacity Act (MCA) 2005 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We collected feedback from 20 patients. They all described a very positive view of the service the practice provided. Patients commented that the whole team were welcoming, professional, caring, respectful and friendly. Patients were very happy with the quality of treatment provided. During the inspection we observed staff interacting with patients in the waiting area. They were polite and helpful towards patients and the general atmosphere was calm, welcoming and friendly.

All the staff we spoke with were mindful about a 'patient centred' approach to treating patients. They were aware of the importance of protecting patients' privacy and dignity. For example, one of the principal dentists told us that they made sure that discussions with patients were held with the patient upright and square on in the chair so that they could maintain proper eye contact. This ensured that the patient was able to discuss matters without feeling that they were in a compromised position. We observed that staff always kept the treatment room doors closed when patients were in the room.

There were systems in place to ensure that patients' confidential information was protected. Dental care records were stored electronically. Any paper correspondence was scanned and added to the electronic record prior to safe disposal. Electronic records were password protected and regularly backed up. Staff understood the importance of data protection and confidentiality and had received training in information governance. Reception staff told us that people could request to have confidential discussions in an empty treatment room, if necessary.

Involvement in decisions about care and treatment

On the day of our inspection we observed the receptionist took time to explain any information requested by patients in detail.

Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan. There was a range of information leaflets that were printed for patients which described the different types of dental treatments available.

The patient feedback we received confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff. They told us that treatment options were well explained; the dentist listened and understood their concerns, and respected their choices regarding treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentists and hygienist could decide on the length of time needed for their patient's consultation and treatment. The reception staff were provided with a colour-coded system on the practice computer to indicate the length of time that was generally preferred for any given treatment. The dentists we spoke with told us they scheduled additional time for patients depending on their knowledge of the patient's needs, including scheduling additional time for patients who were known to be anxious or nervous.

Staff told us they had enough time to treat patients and that patients could book an appointment in good time to see the dentist of their choice. Some of the feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. The practice had recognised the needs of different groups in the planning of its service.

The practice provided written information for people who were hard of hearing and large print documents for patients with some visual impairment.

Access to the service

The practice is open on Monday, Thursday and Friday from 9:00am to 6:00pm, on Tuesday 9:00am to 8:00pm, Wednesday 9.00am to 5.00pm, and on Saturday 9:00am to 2:00pm. Staff told us they accommodated patients if they needed earlier or later appointments. The practice displayed its opening hours on their premises and on the practice website. Patients could book an appointment without having to wait too long. On the day of our inspection we observed patients were walking in to register themselves and their families and were offered appointments within a week. Patient comments implied that they could get an appointment in good time and did not have any concerns about accessing the dentist.

We asked the receptionist about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message and the practice leaflet gave details on how to access out of hours emergency treatment. The receptionist explained that the dentist would accommodate patients who needed to be seen urgently, for example, because they were experiencing dental pain.

Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area and on the practice website. The staff explained if patients were not happy they would discuss the issues with one of the principal dentists so the problem could be resolved quickly and amicably. They told us no patients had complained so far.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. They had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There were relevant policies and procedures in place and all staff had signed to confirm they had read them. These were all frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them. There were informal practice meetings due to a small team. Staff told us they raised any issues as and when it was necessary to discuss. This facilitated an environment where improvement and continuous learning were supported.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentists. They felt they were listened to and responded to when they did so.

We spoke with one of the principal dentists who told us they aimed to provide high-quality care. They were committed to both maintaining and continuously improving the quality of the care provided.

The staff we spoke with all told us they enjoyed their work and were well-supported by the management team. There was an informal system of staff appraisals to support staff in carrying out their roles to a high standard.

Learning and improvement

All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit in place. These included audits for infection control, clinical record keeping and X-ray quality. The audits showed a generally high standard of work, but had also identified some areas for improvement. For example, the clinical record keeping audit identified medical histories needed to be recorded at every visit. The practice had implemented this improvement.

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

The practice website had a system for patients to feedback comments. We noted there were nine testimonials posted and all were positive comments about the staff and the atmosphere of the practice.

Staff described an open culture where feedback between staff was encouraged in order to improve the quality of the care.