

Private Medical Centre Dental Services – Ealing

Quality Report

124 Uxbridge Road
Ealing
London
W13 8QS

Tel: 02089927222

Website: Web: pmc_medico.com

Date of inspection visit: 20 February 2017

Date of publication: 15/06/2017

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Contents

Summary of this inspection

	Page
Overall summary	1
The five questions we ask and what we found	4
Areas for improvement	7

Detailed findings from this inspection

Our inspection team	8
Background to Private Medical Centre Dental Services – Ealing	8
Detailed findings	9

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced comprehensive inspection on 20 February 2017 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.

Summary of findings

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

Private Medical Centre located in Ealing London provides private dental treatment to patients of all ages. The clinic is also registered to provide medical services. A copy of the full report of the medical service can be found by selecting the 'all reports' link for the Private Medical Centre on our website at www.cqc.org.uk.

Practice staffing consists of the principal dentist, five associate dentists, one oral surgeon, one orthodontist, five dental nurses, one hygienist, two receptionists and a practice manager.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice is open Monday to Friday 10am to 8pm and Saturdays 10am to 5pm

The practice facilities include two treatment rooms a decontamination room, reception/waiting area, and a staff room/kitchen.

Patients told us that they were happy with the treatment and advice they had received.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).

- The practice sought feedback from patients about the services they provided and acted on this to improve its services.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- Equipment, such as the autoclaves, fire extinguishers and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- 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.
- Infection control protocols were being followed in line with recommended national guidance.
- The practice had not ensured that all the specified information relating to persons employed at the practice was obtained and appropriately recorded.
- Governance systems required improvement to ensure audits were undertaken regularly and were used to drive improvements.
- Staff we spoke with were aware of the safeguarding processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns. Improvements were required to ensure all staff had received formal safeguarding children and adults training.

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

- Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken and the products are stored securely.
- Review stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock.

Summary of findings

- Review the practice's safeguarding staff training ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review the practice's audit protocols of various aspects of the service, such as infection control and X-rays at regular intervals to help improve the quality of service.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask 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 in place for identifying, investigating and learning from incidents relating to the safety of patients. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

Staff members including clinical staff were aware of the processes to follow to raise any concerns; however staff had not received formal safeguarding children and vulnerable adults training, .

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. However not all substances used at the practice that had a potential risk to safety of staff, patients and others had been recorded and graded as to the risk.

There was lack of appropriate arrangements in place to deal with medical emergencies and not all staff had completed annual training.

A range of emergency medicines were available to support staff in a medical emergency. Staff also had access to emergency equipment on the premises including medical oxygen. Staff had awareness around emergency care response; however not all staff were up-to-date with their annual training in management of medical emergencies.

We were however shown evidence that the portable suction, spacer and buccal midazolam that were missing from the medical emergencies kit were purchased immediately and medical emergency training had been booked for all staff.

Are services effective?

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

We found that consultations were carried out in line with current guidelines such as those from the National Institute for Health and Care Excellence (NICE). This also included a review of the patients' medical history.

The staff we spoke with on the day told us that patients were given advice about risks associated with alcohol and tobacco consumption and were given sufficient information about their proposed treatment to enable them to give an informed consent.

Summary of findings

Health education for patients was provided by the dentist and information leaflets were available within the practice waiting area. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

Are services caring?

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

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

Are services responsive to people's needs?

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

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

Appointment times met the needs of patients and waiting times were kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible on the same day or within 24 hours.

Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints.

Are services well-led?

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

The culture of the practice encouraged candour, openness and honesty. Staff told us there was an open culture at the practice and they felt valued and well supported. They reported the dentists were very approachable and available for advice where needed.

Summary of findings

Policies and procedures were effective to ensure the smooth running of the practice. However the provider needed to make improvements in the governance arrangements at the practice to ensure an oversight of staff's continuing professional development (CPD) activity and in continuous improvement in the quality of care through the use of monitoring tools and effective audits .

Summary of findings

Areas for improvement

Action the service **SHOULD** take to improve

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

- Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken and the products are stored securely.
- Review stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock.
- Review the practice's safeguarding staff training ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review the practice's audit protocols of various aspects of the service, such as infection control and X-rays at regular intervals to help improve the quality of service.

Private Medical Centre Dental Services – Ealing

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and was supported by a dental inspector, a dental specialist advisor and a GP Specialist advisor. The teams were also supported by two Polish translators.

Background to Private Medical Centre Dental Services – Ealing

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on 20 February 2017 and was undertaken by a CQC inspector and a dental specialist advisor. During this inspection the medical service was also inspected.

A copy of the full report of the medical service can be found by selecting the 'all reports' link for the Private Medical Centre on our website at www.cqc.org.uk.

The methods used to carry out this inspection included speaking with the principal dentist, and receptionist, hygienist and one dental nurse, and reviewing documents and completed patient feedback forms.

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

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed the practice's significant event records, the accident book. There had been no incidents in the last 12 months.

The practice manager had awareness of, however hadn't signed up to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). This was undertaken on the day of the inspection.

Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the partners.

Records we viewed reflected that the practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. However not all substances used at the practice that had a potential risk to safety of staff, patients and others had been recorded and graded as to the risk.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and child protection. Details of the local authority safeguarding teams were readily available, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was also displayed for staff reference. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents; however records showing that all staff were up to date with their training were not available at the time of inspection.

The system for managing medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit.

We noted that rubber dams were routinely used in root canal treatment in line with current 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 and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

The practice had policies and procedures which provided staff with clear guidance about how to deal with medical emergencies; however not all staff had undertaken basic life support training.

A range of emergency medicines were available to support staff in a medical emergency. Staff also had access to emergency equipment on the premises including medical oxygen. The practice had an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [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].

However portable suction, spacer and buccal midazolam were not available.

We were however shown evidence that the portable suction, spacer and buccal midazolam were purchased immediately.

Staff recruitment

We looked at recruitment records of all staff employed at the practice and found that improvements could be made to ensure this process was consistently followed.

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations.

Checks including, criminal record checks through the Disclosure and Barring Service (DBS), detailed job descriptions, which described staff's roles and responsibilities, current professional registration certificates and personal indemnity insurance were not available on the day of inspection for some staff members. (The DBS checks identify whether a person has a criminal

Are services safe?

record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice manager sent evidence that documents that were not available on the day of our inspection were now in place.

Monitoring health & safety and responding to risks

The practice had carried out risk assessments to ensure they were prepared to respond to safety issues.

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections.

There was a separate decontamination area. The dental nurse gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included manually cleaning instruments-scrubbing, rinsing, inspecting instruments under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); then placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

Clinical waste bins were stored appropriately until collection by an external company, though improvements were required to label them correctly..

There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Paper hand towels and hand gel was available.

We were told the dental nurse was responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff undertook domestic cleaning at the practice.

There was a procedure in place for managing needle stick injuries. Records showed that all clinical staff underwent screening for Hepatitis B, were vaccinated and had proof of immunity. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.)

However improvements could be made to ensure a documented sharps risk assessment was in place.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings) Flushing of the water lines was carried out in accordance with current guidelines and supported by a practice protocol. Purified water was used in dental lines. Taps were flushed daily in line with recommendations.

A Legionella risk assessment had not been carried and improvements could be made to ensure temperature checks were being completed regularly on water supply in the surgeries, toilets and decontamination room. However a legionella risk assessment was booked on the day of the inspection.

The last infection control audit had been carried out in December 2015. As per recommended guidance such audits should be undertaken six-monthly. Evidence was sent the following day to show an infection control audit had been completed.

Equipment and medicines

Service contracts were not in place for the maintenance of the compressor The practice manager sent evidence the following day which showed the compressor had been completed the following day.

The practice had portable appliances and had carried out PAT (portable appliance testing). Appliances were last tested in January 2017.

We found significant amounts of out of date dental materials. These were appropriately disposed of immediately by the staff member and we were assured a system would be put in place to suitably manage the stock.

The dentists used the British National Formulary to keep up to date about medicines.

Radiography (X-rays)

Are services safe?

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of the two X-ray equipments. Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff.

One of the associate dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). An inventory of all equipment being used was present and maintenance records were up to date.

The critical examination test, risk assessment and quality assurance documentation were present.

X-ray audits, to assess the quality of the X-ray and to also check that they had been justified and reported on, had not been carried out.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked a sample of dental care records to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra - and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. However, improvements could be made to ensure consistency in the completion of dental care records.

Health promotion & prevention

The dentist provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption. Advice was also given to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available.

Staffing

. After the inspection the receptionist sent us evidence that staff were now up to date with their mandatory training.

Improvements were required to ensure an effective system was in place for the provider to be assured of the continuing professional development (CPD) activity their staff had completed and what training needs were required by staff. (All professionals registered with the General Dental Council (GDC) have to carry out a specified number of hours of CPD to maintain their GDC registration).

Working with other services

The practice had processes in place for effective working with other services. All referrals were received and sent by fax/post/email using a standard proforma or letter. Information relating to the patient's personal details, reason for referral and medical history was contained in the referral. Copies of all referrals received and sent were kept in the patient's dental care records. We checked a sample of referrals received by practice and saw they were appropriately dealt with in the correct way.

Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. The practice also had a folder with information relating to mental capacity, outlining how to assess if a person lacked capacity and what to do in such circumstances.

Staff could demonstrate an understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions].

Staff ensured patients gave their consent before treatment began. Patients and staff told us that the intended benefits, potential complications and risks of the treatment options and the appropriate fees were discussed before treatment commenced.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients told us that staff treated them with dignity, respect and empathy. We were given examples of how staff displayed these qualities including being attentive to their needs and ensuring privacy was maintained during treatment.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the secure handling of patient information. We observed the interaction between the nurse/receptionist and patients and found that confidentiality was being maintained. Dental care records were held securely.

Involvement in decisions about care and treatment

The patient we spoke to confirmed that their dentist involved them in making decisions about their dental care and treatment. They told us that the dentist always explained their treatments in a way that they could understand and allowed them time to consider the treatment options available and to ask any questions in relation to their care and treatment. They said that the intended benefits, risks and potential complications were explained so that patients could make informed decisions about their dental care and treatment.

Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency they were asked to come in and would be seen as soon as possible.

The services provided include preventative advice and treatment, routine, restorative dental care and implants. We found the practice had an efficient appointment system in place to respond to patients' needs. The receptionist told us the majority of patients who requested an urgent appointment would be seen on the day.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. Longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. Staff explained to us how they supported patients such as young children with additional needs. They ensured patients were supported by a parent and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient and parent understood.

The principal dentist told us that the local population was diverse with a mix of patients from various cultures and background. Staff at the practice spoke a range of different languages including Russian and Polish,

Access to the service

Appointments were booked by calling the practice. In the event of a patient needing an appointment outside of the opening times, patients were directed to an in-house out of hours' service via recorded message on the practice answer machine.

Patients who provided feedback were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received one complaint in the last 12 months that had been dealt with in line with the practice protocol.

Are services well-led?

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

Our findings

Governance arrangements

Governance arrangements at the practice needed to be improved to ensure practice policies were regularly updated and shared with staff.

Clinical audits were being undertaken though improvements were required to ensure these were undertaken at the recommended intervals.

Leadership, openness and transparency

Staff told us there was an open culture at the practice and they felt valued and well supported. The dental nurse who we spoke with told us they had good support to carry out their individual roles within the practice.

We discussed the Duty of Candour requirement in place on providers and the hygienist and dental nurse demonstrated understanding of the requirement.

Learning and improvement

Staff meetings were arranged regularly; though we noticed that since April 2016 there had been a gap and no formal meetings had taken place.

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

The practice had not carried out patient satisfaction surveys in the last year. The principal dentist confirmed this was on the practice agenda for May 2017.

Staff we spoke with told us their views were sought informally. They told us their views were listened to, ideas adopted and that they felt part of a team.