

Orchid Dental

# Orchid Dental

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 30th 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.

The inspection took place over one day and was undertaken by a CQC inspector who had access to remote

advice from a specialist advisor. We spoke with staff and reviewed policies and procedures and dental care records. We received 25 CQC comment cards completed by patients.

The practice opening times were Monday to Friday 9.30 am till 1.00 pm and 2.00 pm till 5.30 pm. and Saturdays by appointment only.

The staff structure of the practice is comprised of a principal dentist (who is also the owner), three dentists, a practice manager, and associate practice manager, two dental nurses and three trainee dental nurses.

The practice manager was 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'. 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.

#### **Our key findings were:**

- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients were involved in their care and treatment planning.

# Summary of findings

- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Patients commented using the CQC comment cards that staff were caring and treated them with dignity and respect.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.
- There was a clear vision for the practice. Governance arrangements were in place for the smooth running of the practice.

# 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 the practice was providing safe care in accordance with the relevant regulations.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and adults from abuse, maintaining the required standards of infection prevention control and maintenance of equipment used at the practice. The practice assessed risks to patients and managed these well. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. 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, this included carrying out DBS checks, and obtaining two references.

### **Are services effective?**

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

The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) for example, in regards to prescribing antibiotics and dental recall 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 treatments carried out and monitored any changes in the patients' medical and oral health.

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 oral health needs such as smoking cessation and dietary advice.

### **Are services caring?**

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

The CQC comment cards were very positive about the service provided by the practice. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality. Staff told us that treatments, risks and benefits were discussed with each patient to ensure the patients understood what treatment was available so they were able to make an informed choice.

### **Are services responsive to people's needs?**

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

Patients had good access to appointments at the practice and emergency appointments were available during specific morning and afternoon slots. There was sufficient well maintained equipment, to meet the dental needs of their patient population. There was a complaints policy clearly publicised in the reception area. We saw that the practice responded to complaints in line with the complaints policy.

### **Are services well-led?**

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

There was a clear vision for the practice that was shared with the staff. There were regular meetings where staff were given the opportunity to give their views of the service. There were good governance arrangements and an effective management structure. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery.

# Orchid Dental

## Detailed findings

### Background to this inspection

We carried out an announced comprehensive inspection on 30th June 2015. The inspection was led by a CQC inspector who had access to remote advice from a specialist advisor.

We informed the NHS England local area team that we were inspecting the practice and did not receive any information of concern from them. The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

We were unable to speak with any patients on the day of the inspection; however we received 25 CQC comment

cards completed by patients prior to the inspection. We also spoke with five members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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

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

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had suitable processes around reporting and discussion of incidents. There had not been any incidents over the past 12 months. However staff described the type of incidents that would be recorded and the incident logging process.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. The practice had not had any RIDDOR incidents over the past 12 months.

### Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had both adult and children safeguarding policies. The policy was dated Jan 2015 and was scheduled to be reviewed in 2017. The policies included procedures for reporting safeguarding concerns and contact information for the local safeguarding teams. All staff at the practice had completed safeguarding training in March 2015. They were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. The practice had not had any situations which they had needed to refer for consideration by safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. For example they had infection control, and health and safety policies, and had carried out risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example an October 2014 fire risk assessment. The assessment had recommended that the practice train additional fire wardens and the practice had acted upon this. Staff had received training for responding to sharps injuries (needles and sharp instruments).

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental records contained patient's medical history that was obtained

when people first signed up at the practice. Patients were asked to complete forms every time visited the practice for a check-up or treatment. The dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient. For example, they contained details of any medication that the patient might have that could affect their treatment.

The practice followed national guidelines such as use of a rubber dam for root canal treatments. [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.]

### Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received first aid training. The practice had a medical emergency kit which included emergency medicines and equipment. We checked the medicines and we found that all the medicines were within their expiry date. The emergency equipment included 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) and oxygen. Staff were trained to use the emergency equipment. There was a system in place for checking the medical emergency kit. The kit was checked on a weekly basis. This included checking the expiry dates of medicines in the kit.

### Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, follow up two references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had carried out all these checks for staff who worked in the practice.

### Monitoring health & safety and responding to risk

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety policy was in place. The practice had a risk management process which was continually being updated and reviewed to ensure the safety of patients and staff members. For example, we saw

# Are services safe?

risk assessments for manual handling, fire safety and the use of equipment. 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 emergencies that could disrupt the safe and smooth running of the service. The plan covered what to do in the event of a problem with the building the practice was based in, fire and staffing issues. For example the plan included plans of what to do if the practice computer system broke down and how staff should carry out activities manually.

## 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. The policy had been reviewed in June 2015 and was scheduled to be reviewed again in November 2016. The policy detailed procedures related to hand hygiene, management of water lines and handling clinical waste. There was a copy of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices from the Department of Health, for guidance. The practice manager was the infection control lead.

There was a separate room for the decontamination of instruments. The room had a clearly labelled flow from dirty to clean areas to minimise the risks of cross contamination. Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery and using an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping.

We saw records of the daily, weekly and monthly checks that were carried out on the autoclave, and ultrasonic cleaner to ensure they were working effectively. All records we saw showed that it was in working order.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection. The practice had blood spillage and mercury spillage kits. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and collected regularly.

The surgery was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE, and the infection practice manager carried out regular checks on this. Hand washing solution was available and used by staff and patients.

A Legionella risk assessment had been completed in 2014 and the results were negative for bacterium [legionella is a bacterium that can grow in contaminated water]. The practice used distilled water in all dental lines. The water lines were flushed daily and weekly and alpron tablets were used once a week to purify the water.

There was a cleaning plan, schedule and checklist, which we saw were completed. Cleaning equipment and materials were stored appropriately in line with Control of Substances Hazardous to Health 2002 (COSHH) regulations

## Equipment and medicines

We found that most of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety.

The practice had clear guidance regarding the prescribing, recording, dispensing, use and stock control of the medicines used in the practice. The systems we reviewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as recorded. The medicine stored at the practice was those found in the medical emergency box. All prescriptions were made electronically.

## Radiography (X-rays)

The practice maintained suitable records in the radiation protection file demonstrating the maintenance of the x-ray equipment. The principal dentist was the radiation protection supervisor (RPS) for the practice. An external contractor covered the role of radiation protection adviser. Detailed X-ray audits were undertaken at least on annual basis. The last audit took place in April 2015. The audits looked at issues such as the maintenance of X-ray equipment, quality of images and the radiography training staff had undertaken. This was done to ensure X-rays that

## Are services safe?

were taken were of the required standard. We saw that local rules relating to the X-ray machine were displayed. We saw there were CPD records related to dental radiography

for all staff that undertook radiography tasks. This included Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000. training. The practice had made the necessary Health and Safety Executive (HSE) notifications.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE), for example in regards to dental recalls. The practice also showed compliance with the Delivering Better Oral Health Too-kit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

We reviewed ten medical records and saw evidence of comprehensive assessments that were individualised. This included having an up to date medical history (which was reviewed at each visit), details of the reason for visit (i.e. new patient or presenting complaint), a full clinical assessment with an extra and intra oral examination. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. Information about the costs of treatment and treatment options available were also given to patients.

### Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking and advice on diets. Appropriate advice was provided by staff to patients based on their medical histories and additional information that the practice collected on people assessed as being at risk for specific issues. For example, we saw that patients were given diet sheets to monitor their food intake if their were concerns about their diet. We saw the practice provided preventive care advice on tooth brushing and oral health instructions as well as smoking cessation, fluoride application, alcohol use, and dietary advice. For example patients were given information on the most effective way to brush their teeth.

### Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the

latest practices. This was to ensure that patients received high quality care as a result. The practice used a variety of ways to ensure development and learning was undertaken including both face to face and e-learning. Examples of staff training included core issues such as manual handling, health and safety, safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice. We saw that the practice maintained a matrix that detailed training undertaken and highlighted training that staff needed to undertake. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours.

### Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals for specialised treatments such as wisdom tooth extraction. The practice completed referral forms or letters to ensure others service had all the relevant information required. Dental care records we looked at contained details of the referrals made and the outcome that came back from the referrals that were made.

### Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We reviewed 25 comments cards. Patients said they had been given information about their treatment and all options were discussed in an easy to understand language by practice staff. Patients mentioned that they understood and consented to treatment. This was confirmed when we reviewed dental care records and noted signed consent forms for treatment and details of treatment options patients had been given. Practice staff had received training on the Mental Capacity Act 2005. 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 for themselves. Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the

# Are services effective?

(for example, treatment is effective)

best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We received 25 completed CQC comment cards. All the feedback we received was positive. Staff were described as caring, understanding and helpful. Patients said staff treated them with dignity and respect during consultations.

We observed interaction with patients and saw that staff interacted well with patient speaking to them in a respectful and considerate manner.

### **Involvement in decisions about care and treatment**

The practice displayed information in the waiting area that gave details of NHS dental charges and private fees. We also saw that the practice had a website that included information about dental care and treatments, costs and opening times. The website also contained the contact number for emergency dental care if required.

Staff told us that treatments, risks and benefits were discussed with each patient to ensure the patients understood what treatment was available so they were able to make an informed choice. Staff told us they would explain the planned procedures to patients and used aids such as mirrors and models of teeth. They were also shown this on a radiograph where applicable. Patients were then able to decide which treatment option they wanted.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see a dentist. The feedback forms we received from patients confirmed that they felt they could get appointments when they needed them.

There were vacant appointment slots to accommodate urgent or emergency appointments. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. We saw that patients were given double appointments when it was deemed necessary

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Most of the practice staff spoke at least two languages which reflected the diverse location where the practice was based. The building was accessible to people in wheelchairs. The practice had undertaken a disability audit in October 2014. The audit had suggested that the practice install a minicom system

and baby changing facilities. We saw that a minicom system had been ordered in response to the audit. The practice manager told us that they were planning to fit the baby changing facilities when they renovated the practice's toilet facilities.

### Access to the service

The practice displayed its opening hours at the front of the premises and on the practice website. The practice had clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were on the telephone answering machine, as well as being on their website. CQC comment cards we reviewed showed patients felt they had good access to the service.

### Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints policy and information for patients about how to complain was available in the reception area. The policy was scheduled to be reviewed in 2015. The policy included contact details of external organisations that patients could contact if they were not satisfied with the provider's response to a complaint. There had been one complaint in the last year; it was still in the process of being resolved.

# Are services well-led?

## Our findings

### **Governance arrangements**

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, infection control, complaints and consent policy. Staff told us they felt supported and were clear about their areas of responsibility.

Staff meetings were held on a monthly basis to discuss issues in the practice and update on things affecting the practice. For example we saw that a member of staff had attended training on safeguarding and had shared the knowledge with staff during a 2014 team meeting.

Care records we reviewed were kept both manual and computerised. The records were complete, legible and accurate and stored securely in a locked room and on computers that were password protected.

### **Leadership, openness and transparency**

Staff we spoke with said the vision of the practice was shared with them. They told us this vision was to provide patients with a quality flexible service. Staff said they felt the leadership of the organisation that owned the surgery was open and created an atmosphere where all staff felt included. They described the culture encouraged candour, openness and honesty. We saw from minutes that team meetings were held regularly. The meetings covered a range of issues including training updates and audit results. Staff told us they had the opportunity and were happy to raise issues at any time.

### **Management lead through learning and improvement**

Staff told us they had good access to training. 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 practice audited areas of their practice as part of a system of continuous improvement and learning. These included audits of medical records, disability, X-rays, infection control and cleaning arrangements. For example we saw that they had carried out an audit of waste management in February 2015 and had found that they needed larger bins; we saw that the practice had acted upon the findings.

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

The practice had gathered feedback from patients through customer questionnaires. The most recent patient survey in April 2015 showed a high level of satisfaction with the quality of service provided. The survey asked patients' views on their overall satisfaction with the service and their views on staff. Staff told us any suggestions or comments patients made directly to them were reported to the practice manager and discussed at practice meetings. We saw minutes of meetings that confirmed customer surveys were discussed at these meetings.