Olsen's Dental Practice Ltd

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 September 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

Olsen's Dental Practice Ltd is located in Queen's Park in North West London. The practice provides private dental services to adults and children. The practice offers a range of dental services including oral health promotion and hygiene, routine examinations and treatment, bridges, implants and some orthodontic procedures. The practice also offers cosmetic dental and facial procedures.

The premises are arranged over the ground and first floors and include two treatment rooms, one of which is on the first floor and is primarily used by the dental hygienist. The practice has a reception area with seating and an accessible toilet.

The practice is staffed by one principal dentist, (who is the owner), and two regular associate dentists. The practice employs two practice nurses and a receptionist. The practice team also includes two dental hygienists.

The practice is open Monday to Saturday. The practice opening hours vary by day with the practice opening at 8.00am on Tuesday and Thursday and until 8.00pm on Monday night.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

The inspection took place over one day and was carried out by a team of CQC inspectors, and a dentist specialist advisor.

Twenty-one patients provided feedback about the service. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice. Patients described the service as friendly and told us the quality of treatment was good. They said they were kept informed, including about the costs, and involved in decisions about their care.

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).
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, oxygen cylinder and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The principal dentist had a clear vision for the practice and staff told us they were well supported by the dentist and their colleagues.
- Governance arrangements and audits were effective in improving the quality and safety of the services.

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

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review the processes in place to routinely monitor the fridge temperature.

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 in place to minimise the risks associated with providing dental services. The practice had policies and protocols related to the safe running of the service. Staff were aware of practice procedures and were following them. There was a safeguarding lead and staff understood the responsibility to report any potential abuse. Equipment was well maintained and checked for effectiveness. The practice had recruitment and performance monitoring processes in place. Staff engaged in on-going training to keep their skills up to date. The practice had effective systems in place to manage infection control and waste disposal, management of medical emergencies and dental radiography.

Are services effective?

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

The practice team demonstrated they followed relevant guidance, for example, issued by the National Institute for Health and Care Excellence (NICE) and The Department of Health (DH). The practice monitored and advised patients about oral health and relevant health and lifestyle issues. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments.

The practice maintained appropriate dental care records and details were updated regularly. The practice worked well with other providers to ensure that patients were suitably referred for specialist treatment if required. Staff engaged in continuous professional development (CPD) and were meeting the training requirements as part of their registration requirements with the General Dental Council (GDC).

Are services caring?

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

We received feedback from patients through comment cards and interviews that they were treated with dignity and respect. Patients told us the practice staff were kind and welcoming and able to put them at ease. We found that dental care records were stored securely and patient confidentiality was well maintained.

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, including emergency appointments. The practice saw patients with an urgent problem the same day if required and the principal dentist was also accessible out of hours in an emergency. There was evidence of good communication between staff and patients. The needs of people with disabilities had been considered in terms of accessing the service. Patients were invited to provide feedback through feedback questionnaires and a suggestion box in the waiting area. Information about how to make a complaint was displayed in the reception area and the practice leaflet.

Are services well-led?

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

Summary of findings

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 and regular staff meetings. Risk assessments, audits and staff meetings were being used to monitor and improve the quality of care. Staff meetings were held monthly and were used to share learning and best practice strategies.

Olsen's Dental Practice Ltd

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 14 September 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by another CQC inspector and a dentist specialist advisor..

We reviewed information received from the provider prior to the inspection. We 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. We spoke with the three permanent members of staff who were at the practice on the day, including the principal dentist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed the dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed feedback from 21 patients either in the form of comment cards completed in the days preceding the inspection or obtained by interview on the day.

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 an effective system in place for reporting and learning from incidents. There was a policy in place which set out the actions that staff needed to take in the event of an error, accident or 'near miss'. Staff knew how to report incidents and learning was shared in team meetings which were documented. The principal dentist told us that if patients were affected by an incident, they would be given an apology and informed of any actions taken as a result. There had been no recent incidents in the last year.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The had been two incidents in the past 18 months and both had been recorded. Neither was reportable under RIDDOR.

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. This information was accessible to staff and clearly described in the practice policy documents.

The principal dentist took the lead in managing safeguarding issues. Staff had completed child protection training to an appropriate level and were able to describe potential indicators of abuse or neglect and how they would raise concerns. The practice had raised an adult safeguarding concern in the last year which had resulted in actions to safeguard the individual concerned.

Staff were less familiar with the practice procedure for whistleblowing if they had concerns about another member of staff's performance or behaviour. However, the clinical staff told us that if they had concerns of this nature they knew it was their professional responsibility to report these and they would seek advice accordingly. The practice had an accessible whistleblowing policy on file which set out what staff should do if they had concerns.

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, they had carried out an annual environmental risk assessment. The staff were able to explain routine risk assessments and checks they undertook and how these were recorded. The practice team could demonstrate that they followed up any issues identified during audits as a method for minimising risks.

The practice followed national guidelines on patient safety. For example, the practice used 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

The practice had arrangements in place to deal with medical emergencies. All staff had received training in emergency resuscitation, basic life support and use of defibrillators. This training was renewed annually. The practice had suitable emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included relevant emergency medicines, oxygen and 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). There were face masks of different sizes for adults and children. The equipment was checked by staff on a weekly basis and a record of the tests was kept.

Staff recruitment

The practice staffing consisted of a principal dentist, two associate dentists, two dental nurses, two hygienists and a receptionist.

We reviewed the practice's recruitment records for all staff members. The practice was able to demonstrate that appropriate checks had been carried out and effective recruitment and selection procedures had been used. The practice reviewed employment history, relevant qualifications, employer references, immunisation status, professional registration with the General Dental Council (where applicable) and obtained criminal records checks from the Disclosure and Barring Service (DBS). All qualified clinical staff were registered with the General Dental Council. The practice could improve the maintenance of its records to show that all necessary checks had been completed before new staff started work.

Monitoring health & safety and responding to risks

Are services safe?

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a 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. Staff training files indicated that staff had received relevant training in managing COSHH products.

The practice had an arrangement in place with another practice to provide continuity of care in the event that the premises could not be used and kept key contact details on file in the event of unexpected incident or closure.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. The principal dentist was the infection control lead. The daily monitoring of infection control procedures was carried out by the lead dental nurse, who demonstrated a good understanding of the correct processes. Staff files we reviewed showed that all staff had attended training in infection control in the previous 12 months.

The practice followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the autoclave.

A thermometer was used to measure the water temperature during manual cleaning and an illuminated magnifier was used to check for any debris during the cleaning stages. An ultrasonic cleaner was in use to clean instruments. After cleaning, items were put in pouches and these were then placed in a vacuum autoclave (steriliser). The instruments were labelled with a date stamp indicating how long they could be stored for before the sterilisation became ineffective. Additionally, a bar code system was used to indicate which set of instruments were used for each patient. An automatic data logger recorded any faults in the sterilisation process when items were put through the autoclave. The practice used a system of daily logs recorded by a member of staff to monitor the effectiveness of the sterilisation process as well as keeping records from the automatic logger which we viewed. A vacuum autoclave was in use and we saw that appropriate daily, weekly and quarterly tests were carried out for the autoclave and the ultrasonic machine.

Suitable hand washing facilities were available and handwashing posters detailing the steps in effective handwashing were on display. Daily checklists were in use to ensure correct cleaning protocols were followed in each treatment room. Dental nurses wore appropriate protective equipment, such as heavy duty gloves, disposable aprons and eye protection.

A recent infection control audit undertaken in September 2015 had identified areas for improvement and the practice owner had developed an action plan to implement further improvements.

The practice had an on-going contract with a clinical waste contractor. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps. Evidence was seen of a sharps protocol and staff demonstrated awareness of this protocol. The protocol outlined means of reducing the risk of a sharps injury and what to do if an incident did occur. Records showed that a Legionella risk assessment had been carried out by an external company in July 2015.

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

The practice was equipped with appropriate specialist equipment for the range of treatments it provided. We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the electrical equipment, fire equipment and X-ray equipment had all been inspected and serviced.

Are services safe?

Medicines were stored safely and could not be accessed inappropriately by patients. The emergency medicines were also stored securely. However batch numbers and expiry dates for local anaesthetics were not recorded in the clinical notes which would provide greater traceability. The practice had fridge space to store temperature-sensitive items and medicines. No medicines were being stored in the fridge on the day of the inspection. However we noted that the practice did not have systems in place to routinely monitor the fridge temperature when in use.

The practice had a written protocol for reporting drug reactions or other side effects via yellow cards to the British National Formulary.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. Digital X-rays were in use to reduce the dosage of radiation. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. The practice owner was the named radiation protection supervisor (RPS). Evidence of radiation training was seen. A radiograph audit had been carried out in 2012 and evidence was seen that the practice owner was in the process of completing a further audit.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. We found that the dentists regularly assessed patient's gum health, and soft tissues (including lips, tongue and palate) were regularly examined. The records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) In addition we noted that more detailed measurements of patient's gums were routinely carried out. We found that patients' medical history records were updated regularly.

In the record cards we viewed we noted that the dentists had not recorded the justification, findings and quality assurance of X-ray images taken. This was discussed with the practice owner who stated that this would now be implemented using the computer software system.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to the appropriate management and extraction of impacted wisdom teeth.

The practice had a robust protocol for obtaining and updating patients' medical history. This was obtained in writing when a patient first registered and updated verbally at every visit. Patients then reviewed and signed to indicate their medical history was accurately recorded before every course of treatment.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing and dietary advice. All the records we looked at showed detailed notes on prevention of dental diseases. The principal dentist used the Delivering Better Oral Health Toolkit guidance when considering care and advice for patients and this was reflected in the notes. We saw that the staff were following the advice in the toolkit, for example, in relation to when a fluoride varnish might need to be applied to a patient's teeth.

We observed that there were health promotion materials and information displayed in the waiting area and available for staff to give to patients. The dental nurse we spoke with said they were keen to develop their skills in this area and the practice encouraged them to do so. The practice nurse had created a poster in the waiting room on dental flossing as part of a training course they were attending. Patient feedback indicated that patients had found this information useful.

The principal dentist also gave us examples of plans to develop the promotion of good oral and general health, for example by developing smoking cessation support within the practice. The practice offered advice on smoking cessation and displayed a poster about this in the waiting room.

Staffing

Staff told us they received appropriate professional development and training. We reviewed the 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 and infection control. Staff told us they had opportunities to keep up to date with their clinical practice and to develop particular clinical interests.

There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice. Staff also signed to indicate that they had read key practice policies.

Staff received an annual appraisal which included consideration of individual development needs and reflection on performance and strengths.

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. Dentists used a system of onward referral to other providers, for example, for oral surgery, conscious sedation, specialist orthodontics or advanced conservation. Referrals were followed up and the outcomes

Are services effective?

(for example, treatment is effective)

were appropriately recorded in patient's notes. The practice had developed good working links with a specialist practice nearby which facilitated follow-up and was convenient for patients living locally.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Notes of these discussions were recorded in the dental care records. Signed consent was obtained before any course of treatment. Patients we spoke with on the day of the inspection confirmed that in their experience, the dentist and hygienist took the time to explain treatments including possible side effects. They also told us that the costs were explained before treatment and they were given an itemised cost list.

A camera system was used to provide patients with the opportunity to view different treatment choices during the consent process. We saw evidence of the use of written consent forms for surgical extractions, orthodontics and implants. All patients were provided with written treatment plan forms outlining their care plan. Evidence of discussed treatment options, including risks and benefits, as well as costs, was seen in the records we viewed.

Dentists and dental nurses were aware of the Mental Capacity Act (2005). Staff did not have recent experience of patients without the mental capacity to make decisions about their treatment, but, they were able to describe to us their responsibilities to act in patients' best interests if patients lacked some decision-making abilities. 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The feedback we received from patients was very positive. Twenty-one patients provided feedback about the service and many commented that the staff were friendly and caring. We observed that staff were welcoming and helpful when patients arrived and over the telephone. Staff were able to provide examples of how they supported more anxious patients and one patient commented positively about their experience in this respect.

The practice obtained regular feedback from patients through feedback questionnaires. The data was reviewed periodically. We saw the most recent questionnaires which were completed in July 2015. All but one of these were positive with patients saying their needs and expectations had been met or exceeded.

The staff were careful to protect patient privacy. Confidential information was kept out of sight in public areas and doors were kept closed when patients were in the treatment rooms.

Involvement in decisions about care and treatment

Patient feedback indicated that the practice kept patients informed about their treatment and involved them in decisions. Several patients commented specifically about how good their dentist was at communicating and explaining different options. One patient told us that the dentist and hygienist used diagrams and models to help their understanding. There was corroborating evidence in dental care records that patients' preferences and wishes had been noted and acted upon.

The practice provided information in the waiting area and on the website which described some of the dental treatments available. The practice displayed information about private dental fees and dental payment plans. The practice gave patients a copy of their treatment plan which included the cost.

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 principal dentist and nurses gave a clear description about which types of treatment or reviews would require longer appointments.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see the dentist of their choice. The feedback we received from patients confirmed that they could get an appointment when they needed one and when convenient. Patients told us they had enough time scheduled with the dentist or hygienist at each consultation.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service and had expanded its services to meet the needs and preferences of its patients. For example the practice was offering a wider range of cosmetic treatments and had recently starting to offer orthodontic procedures. Staff received appropriate training in any new procedures.

Staff told us they treated a diverse local community and welcomed patients from diverse backgrounds and cultures. Staff spoke a range of different languages and also could arrange an interpreter although we were told this had never yet been required. We were told that patients and their family members generally spoke English sufficiently well to understand the consultation and treatment options.

The first floor treatment room was not wheelchair accessible. The practice ensured that they scheduled appointments for patients with physical disabilities at a time when the ground floor treatment room was available.

Access to the service

The practice was open Monday to Saturday with variable daily opening hours. The practice opened at 8.00am on Tuesday and Thursday and until 8.00pm on Monday night. The principal dentist was increasingly offering evening appointments on Friday evenings subject to demand. The practice offered patients the facility to book appointments online.

The practice displayed its opening hours on their premises and on the practice website. New patients were also given a practice information leaflet which included the practice contact details and opening times. Patients were given a contact number to use in an emergency if the practice was closed.

The practice allowed space in the daily appointment schedule for urgent and emergency appointments, such as, for patients attending with dental pain. The principal dentist was available on-call when not attending the practice and staff gave us examples when the dentist had attended the practice at short notice to see a patient with an urgent problem.

Concerns & complaints

Information about how to make a complaint was displayed in the waiting area, and in the patient information leaflet. There had been no complaints recorded in the past year. The staff told us they tried to respond to and resolve any issues as they arose. Patients we spoke with were not aware of the complaints procedure but told us they had never wished to make a complaint.

The practice also had a suggestions box and gave patients feedback questionnaires to complete. The patient questionnaires were reviewed and the results shared with the staff. The most recent results were generally very positive. The principal dentist had recently increased the number of evening appointments she personally provided in response to patient feedback.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements and a clear management structure. There were relevant policies and procedures in place. Staff were aware of the practice policies and procedures and acted in line with them. Records, including those related to patient care and treatment were kept accurately. Policy documents, such as the safeguarding children and vulnerable adults policies were clearly tailored to the practice, reviewed and updated.

The practice had robust recruitment and training procedures although documentation was not always immediately accessible. Staff were being supported to meet their professional standards and complete continuing professional development standards set by the General Dental Council

There were arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. We saw that the infection control audits were objective and had identified areas where the practice could improve. The practice had long-term plans to develop the practice in-line with best practice guidance, for example, by creating a separate decontamination room.

Practice meetings were scheduled to take place every month and minutes were kept. We saw that a range of governance issues had been discussed. The meetings were scheduled to enable as many of the team to attend in person as possible.

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 dentist. They felt they were listened to when they did so. Staff told us they enjoyed their work and were well supported.

We spoke with the principal dentist who outlined the practice's ethos for providing effective care for patients. The principal dentist and the practice staff told us that oral health promotion and education was a priority for the practice and were able to give us examples of how they put this into practice.

A system of staff appraisals was in place. The principal dentist was aware of which members of staff were interested in taking additional training courses and supported this as a way of improving the mix of skills available at the practice. The dental nurse was keen to qualify as a dental hygienist in the longer term and told us this had been encouraged.

Learning and improvement

All clinical staff were up to date with their continuing professional development (CPD). 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).

Appropriate audits were carried out for example, routine audits of radiographs and infection control. We noted that the quality of clinical record keeping was being routinely audited although there were some areas for improvement.

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

The practice gathered feedback from patients through the use of a patient satisfaction survey and a suggestions box. The feedback received through the patient survey was reviewed periodically. Feedback was positive. The practice had acted on patient feedback to improve the service. Staff commented that the principal dentist was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums to give their feedback.