

IM Dental Care Limited

Dental Practice

Inspection Report

326 West End Lane
West Hampstead
London
NW6 1LN
Tel: 020 3488 1828
Website: www.imdental.co.uk

Date of inspection visit: 09 November 2018
Date of publication: 28/11/2018

Overall summary

We carried out this announced inspection on 09 November 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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

Dental Practice, locally known as IM Dental Care, is in West Hampstead, in the London Borough of Camden. The practice is well served by buses, overground and underground trains. The practice provides private treatment to patients of all ages.

There is level access to the reception area for people who use wheelchairs, and those with pushchairs. There is restricted parking available in the surrounding area. The practice has one treatment room.

Summary of findings

The dental team includes two principal dentists, one of whom has a special interest in orthodontics, and another who is a specialist in special care dentistry. There are two qualified dental nurses and a trainee dental nurse, all of whom occasionally undertake receptionist duties.

The practice is owned by an organisation, and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Dental Surgery was one of the principal dentists.

On the day of inspection, we obtained feedback from 23 patients.

During the inspection we spoke with both of the principal dentists, the trainee dental nurse, and a qualified dental nurse. We checked practice policies and procedures and other records about how the service is managed.

The practice is open Mondays to Fridays from 9am to 6pm, and on Saturdays by appointment.

Our key findings were:

- The practice was actively involved in schemes to improve oral health in the local community for young children and homeless people.
- The practice had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked well as a team. They demonstrated high levels of motivation and satisfaction.
- The practice appeared clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment.

The practice had systems and processes to provide safe care and treatment. They had used learning from an incident to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, outstanding, thorough and professional.

The dentists discussed treatment with patients so they could give informed consent, and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 23 people. Patients were highly positive about all aspects of the service the practice provided. They told us staff were caring, respectful, attentive and compassionate.

They said that they were given helpful, detailed and clear explanations about dental treatment and said their dentist listened to them. Patients who told us they experienced anxieties about visiting the dentist commented that all staff made them feel at ease during their appointments.

Staff protected patients' privacy and were aware of the importance of confidentiality.

No action



Summary of findings

The practice took the initiative to involve themselves in activities to promote oral health in the community. This included providing oral health presentations at local primary schools, sponsoring school events by donating toothbrushes, and donating toothbrushes and toothpaste to a charity for homeless people via a local church.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for families with children. The practice had arrangements to help patients with hearing loss, and those who did not speak or understand English.

The practice took patients views seriously. They valued compliments from patients and responded to their feedback quickly and constructively.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

There was a clearly defined management structure and staff felt supported, appreciated and motivated. The practice had responded positively to feedback from staff and patients.

The practice team kept complete patient dental care records which were clearly written and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn.

No action



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission (CQC).

There was a system to highlight vulnerable patients in their records, such as people who needed support with mobility or communication, and those with a learning disability, physical impairment, mental health condition.

The practice had a whistleblowing policy. Staff told us that they felt confident they could raise concerns without fear of reprimand.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment; this was suitably documented in a dental care record we checked to confirm our findings. One of the principal dentists described precautions they would take, and risk assessments they would make, if it was not possible to use a rubber dam or if the patient refused it.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment checklist and procedure to help them employ suitable staff, and had the appropriate checks in place for agency staff. These reflected the relevant legislation. We checked two staff recruitment records; these showed the practice followed their recruitment procedure.

We noted that all clinical staff were qualified and registered with the General Dental Council (GDC), where relevant. All staff had professional indemnity cover in place.

The practice ensured that the facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that firefighting equipment was regularly tested.

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year, following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk.

The practice had employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. The practice undertook a sharps risk assessment very shortly after the inspection.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and they had checked the effectiveness of these vaccinations. Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Staff had also completed immediate life support training for conscious sedation.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in good working order.

Are services safe?

A dental nurse worked with the dentists when they treated patients in line with the General Dental Council's Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy and procedures. They had an infection control annual statement which they updated regularly, and followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health.

Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. Recommendations had been actioned, and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice appeared clean when we inspected it, and patients confirmed this was usual.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice had carried out their most recent infection prevention and control (IPC) audits yearly; they showed the practice was meeting the required standards. The practice could strengthen arrangements by ensuring they carried out IPC audits six-monthly in line with current guidance.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete and legible, stored securely, and complied with data protection requirements.

The practice had arrangements to enable timely and appropriate referrals, in line with current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The principal dentists were aware of current guidance with regard to prescribing medicines; one of them had carried out an antimicrobial prescribing audit which demonstrated they were following current guidelines.

Track record on safety

The practice had a good safety record. They had an effective system for receiving, disseminating and acting on safety alerts, which they used to maintain a good standard of safety in the practice in relation to medicines and equipment.

Staff we spoke with were aware of the yellow card system for reporting safety alerts to the relevant external organisations. One of the principal dentists had reported a safety concern with a malfunctioning piece of equipment, which resulted in it being replaced by the manufacturer and improved safety in the practice.

Lessons learned and improvements

The practice had systems in place to enable them to learn, investigate, and make improvements if things went wrong.

There was an incident management policy in place. The practice had recorded, monitored and reviewed a safety incident; they had discussed this incident with practice staff to support future learning, reduce risk, and help them make any necessary safety improvements.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep all staff up to date with current evidence-based practice; staff told us they regularly discussed best-practice updates during meetings. The dentists assessed needs and delivered care and treatment in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols.

One of the principal dentists used a specialised operating microscope to assist with carrying out root canal treatments and enhance the delivery of care.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The principal dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay.

The principal dentists discussed, where applicable, oral hygiene, preventive advice, smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients maintain good oral health.

The practice was aware of national oral health campaigns, and local schemes to which they could direct patients in order to support them to live healthier lives.

The practice took the initiative to involve themselves in activities to promote oral health in the community. This included providing oral health presentations at local primary schools, sponsoring school events by donating toothbrushes, and donating toothbrushes and toothpaste to a charity for homeless people via a local church.

One of the principal dentists described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and taking plaque and gum bleeding scores and detailed charts of the patients gum conditions. They recalled patients with more severe gum disease at more frequent intervals to review their compliance, and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us that they gave patients information about treatment options and the risks and benefits of these so that they could make informed decisions. Patients confirmed that their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy referred to the legal precedent (known as Gillick competence) by which a child under the age of 16 years of age can consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age. The team understood their responsibilities under the Mental Capacity Act when treating adults who may not be able to make informed decisions.

Staff described how they involved patients' relatives or carers when appropriate, and ensured they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The principal dentists assessed patients' treatment needs in line with recognised guidance.

The practice audited patients' dental care records annually to check that the dentists recorded the necessary information.

The practice carried out conscious inhalation sedation for patients who would benefit from it, such as people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These systems were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included emergency equipment requirements, medicines management, sedation equipment checks and staff availability and training. They also included patient information such as consent, discharge procedures and post-operative instructions.

Are services effective?

(for example, treatment is effective)

The sedationist, one of the principal dentists, assessed patients appropriately prior to and during and after the administration of conscious sedation. They used the American Society of Anaesthesiologist's classification system in accordance with current guidelines. Dental care records we checked to confirm our findings showed the sedationist had recorded the necessary information about these assessments, including the concentrations of nitrous oxide and oxygen used.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a period of induction based on a structured induction programme. We confirmed that clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff told us that they discussed training needs at annual appraisals, during clinical supervision, and in regular informal discussions. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed that they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and courtesy at the reception desk and over the telephone.

Staff were aware of their responsibility to respect people's diversity and human rights.

We received feedback from 23 patients. They commented positively that staff were polite, personable, friendly, helpful, caring and compassionate. They told us they had received outstanding and professional care.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Patients who told us they experienced anxieties about visiting the dentist commented that all staff made them feel at ease during their appointments.

Patients with young children commented that they were satisfied with the care they received from staff at the practice.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. They told us that if a patient asked for more privacy they could take them into another room.

The computer screens at the reception desk were not visible to patients, and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage.

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care. Interpretation services were available for patients who did not speak or understand English as a first language. There were multi-lingual staff who could help to translate information to patients.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them, and discussed options for treatment with them. One of the principal dentists described the conversations they had with patients to satisfy themselves that they understood their treatment options.

The practice's website and information leaflet provided patients with information about a range of treatments available at the practice.

One of the principal dentists described to us the methods they used to help patients understand treatment options discussed. These included photographs taken with intra and extra-oral cameras, models, and radiograph images to help patients better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services taking into account patients' needs and preferences. Patients could choose whether they saw a male or female dentist.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The practice offered patients with dental phobia conscious inhalation sedation as part of their treatment at the practice.

The practice had carried out a disability access audit with an action plan formulated to continually improve access for patients. They had made adjustments for patients with disabilities which included step free access to the waiting area. Staff described how they would support patients with hearing loss, and those who had limited vision.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and on their website.

The practice had an efficient appointment system to respond to patients' needs. They took part in an emergency on-call arrangement with a local dental practice. Staff told us patients who requested an urgent appointment would be seen the same day.

Patients described high levels of satisfaction with the responsive service provided by the practice. They confirmed they could make routine and emergency appointments easily, and that they were rarely kept waiting for their appointments. They told us they had enough time during their appointments and did not feel rushed.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

Staff had completed training in managing complaints. The practice had a complaints policy for patients who wished to raise a concern.

One of the principal dentists were responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so that patients would receive a quick response.

We looked at compliments the practice received within the last 12 months. These showed the practice responded to feedback appropriately and discussed outcomes with staff to share learning and continually improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentists had the experience, capacity and skills to deliver high-quality care.

They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

There was a clear vision and set of values which included providing a family-oriented, friendly environment focused on the needs of patients.

The practice had a strategy which aligned with health and social priorities in the local area.

Culture

Staff demonstrated high levels of motivation. They told us they enjoyed working at the practice and said they felt respected, supported and valued. They described high levels of professionalism from the principal dentists and told us they were encouraged to continually learn and improve in their roles. They particularly enjoyed having delegated roles, and good team-work amongst staff.

Staff we spoke with told us that they were able to raise concerns and were encouraged to do so. They had confidence that the principal dentists would listen to and address any concerns they had.

The principal dentists told us they valued the contributions made to the team by individual members of staff.

Staff were aware of and had systems to ensure compliance with the requirements of the Duty of Candour. They described a culture of openness, honesty and transparency.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentists had overall responsibility for the management and clinical leadership of the practice. All staff were responsible for the day to day running of the service. Staff demonstrated a good understanding of the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. They had a diarised schedule indicating how often various policies, risk assessments, audits, and tests and maintenance of equipment should be carried out.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice used quality and operational information to ensure high quality performance, and to improve performance wherever necessary.

They had information governance arrangements to help them protect patients' personal information.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support a high quality service. They used and audited patient surveys, comment cards and verbal comments to obtain staff and patients' views. Feedback from their most recent audit carried out in February 2018 showed high levels of satisfaction across several areas of the service.

The practice had made improvements in response to feedback from patients by extending their opening days and hours, and by introducing email appointment reminders.

The practice gathered feedback from staff through meetings, appraisals and informal discussions. The principal dentists had listened to and acted on suggestions from staff, by increasing their hourly rate of pay, and by purchasing a different style of uniforms the dental nurses preferred.

Are services well-led?

Continuous improvement and innovation

The practice had systems and processes to encourage learning and continuous improvement. These included audits of antimicrobial prescribing, dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The dental nurses had annual appraisals where they discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us that they completed 'highly recommended' training as per the General Dental Council (GDC)'s professional standards. Staff told us the practice provided support and encouragement for them to complete continuing professional development (CPD), as required by the GDC. They told us the principal dentists paid for them to undertake various training and CPD modules.