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Pure Periodontics

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 7 June 2016 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.

Pure Periodontics is located in the London Borough of City of London. The practice is on the ground floor and basement and comprises of three surgeries and a decontamination room. There was also a reception and waiting area. Toilet facilities for patients were also available in the basement.

The practice provides private dental services and treats adults. The practice offers specialist periodontal (gum) dental services.

The staff structure of the practice comprises of a practice manager, periodontist, two hygienist/dental therapists and a dental nurse. The practice was open Monday to Friday from 9am-5pm.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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 CQC inspector and a dental specialist advisor.

We received feedback from 20 patients. The feedback from the patients was positive in relation to the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

Summary of findings

- The practice had systems in place to receive alerts from relevant external organisations such as Medicines and Healthcare products Regulatory Agency (MHRA).
- The practice had policies and procedures in place for child protection and safeguarding adults.
- There were arrangements in place to deal with foreseeable emergencies
- There was a complaints procedure available for patients.
- There were systems in place to reduce the risk and spread of infection.
- Patients' needs were assessed and care was planned.
- Patients indicated that they felt they were listened to and that they received good care from the practice staff.
- The system for testing and servicing equipment needed improving. There was no evidence at the time of the inspection that portable appliance testing (PAT) and equipment, such as the air compressor and ultra-sonic bath, had been serviced to check their effectiveness.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.

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 how to access these. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. There was no evidence that electrical equipment had received a portable appliance test (PAT) and that the compressor and ultra-sonic bath had been serviced.

Recruitment checks had been undertaken suitably and all staff, where relevant had a check with the Disclosure and Barring Service.

The practice had systems in place for waste disposal, the management of medical emergencies and dental radiography. However, some of the equipment required for dealing with a medical emergency was not available. There was also a system in place for receiving alerts from relevant external agencies.

Are services effective?

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

The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments. The practice worked well with other providers and made referrals where appropriate.

Staff records were incomplete in relation to continuous professional development (CPD); therefore, the practice was unable to fully demonstrate staff, where applicable, were meeting all the training requirements of 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 on the day of inspection. Patients said they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff. 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 access to appointments. The practice had a complaints policy and procedure in place. The practice also had a system in place to routinely collect feedback from patients.

Are services well-led?

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

Summary of findings

The governance arrangements in place needed improvement to better guide the management of the practice. The practice had up to date policies and procedures such as an infection control policy, however there was no evidence that some equipment had been serviced, that portable appliance testing had been carried out and staff records did not contain all their continuing professional development certificates.

Members from the organisation's management team assured us on the day of the inspection that they would address these issues.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the practice manager. We were told staff meetings took place regularly and we saw evidence of this.

The practice had a programme of clinical audit in place for reviewing radiographs and dental care records.

Pure Periodontics

Detailed findings

Background to this inspection

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

We carried out an announced, comprehensive inspection on 7 June 2016. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit, we reviewed policy documents. We spoke with two members of staff, including the practice manager. 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 of dental instruments.

We received feedback from 20 patients. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

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

Staff understood the process for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was a system in place for recording such injuries. We were told that there had not been any such incidents in the past year.

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 and social services. The practice manager was the lead in managing safeguarding issues. We looked at three staff files selected at random. They did not contain evidence that the staff members had completed safeguarding training in the past 12 months. We were provided assurance after the inspection that all staff were up to date with their requirements regarding safeguarding training. The staff we spoke with were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had not been any safeguarding issues that had required to be reported to the local safeguarding team.

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

The practice had carried out risk assessments and the practice had implemented policies and protocols with a view to keeping staff and patients safe. For example, they had a health and safety policy and had carried out risk assessments relating to fire safety and Legionella. We found that the risk assessment were being reviewed periodically. However, we found that there was no risk assessment for management of sharp instruments. We were provided assurance after the inspection that a risk assessment had been undertaken and was available.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. There was a practice protocol for responding to an emergency.

The practice had some of the emergency equipment and medicines in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary. This included 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). We were told that the emergency equipment was checked regularly and we saw evidence of this.

However, we found that there were no oropharyngeal airways, adult and child face masks for attaching to a self-inflating bag (a self-inflating bag delivers high oxygen levels during a medical emergency), portable suction or spacer device for treating patients with asthma.

We checked three staff records and saw that staff had received training in emergency resuscitation and basic life support.

The practice did not have a rubber dam kit as the practice did not carry out 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 and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Staff recruitment

There was a recruitment policy in place. We reviewed the recruitment records of three staff members employed at the practice and saw that the practice carried checks to ensure that the person being recruited was suitable and competent for the role. This included obtaining proof of identification and history of past employment as well as checks with the Disclosure and Barring Service (DBS). (The

Are services safe?

DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw that references had been obtained for staff and that the practice had checked that staff (where relevant) were registered with the General Dental Council. There was a copy of staff immunisation status for Hepatitis B in the staff records looked at.

Monitoring health & safety and responding to risks

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

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. There were assessments where risks to patients, staff and visitors that were associated with hazardous substances had been identified, and actions were described to minimise these risks. The practice had systems in place to receive alerts from relevant external organisations such as Medicines and Healthcare products Regulatory Agency (MHRA).

Infection control

There were systems in place to reduce the risk and spread of infection including an up to date infection control policy, which included decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. However, there was no evidence that staff members had attended a training course in infection control in the past year.

The practice had followed 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 the treatment rooms and the decontamination rooms which ensured the risk of infection spread was minimised.

There was a dedicated decontamination room. The dental nurse showed us how they used the room, and we noted that they wore appropriate protective equipment, such as heavy duty gloves and eye protection. The water temperature was checked at the beginning of the procedure for cleaning instruments manually. A magnifier was used to check for any debris during the cleaning stages. An appropriate instrument cleaning detergent and instrument cleaning brush was in use in accordance with HTM 01-05 guidance and the practice's own infection control policy.

The autoclave was checked daily for its performance in accordance with HTM 01-05 guidance; for example, temperature and pressure check was documented and a daily steam penetration test was being carried out.

We were told regular infection control audits were carried out by the practice; the last one was carried out in April 2016.

The practice had an on-going contract with a clinical waste contractor. Waste was being segregated prior to disposal; Staff demonstrated they understood how to dispose of single-use items appropriately.

Records showed that a Legionella risk assessment had been carried out by an external company in November 2014. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The practice had reviewed the risk assessment in the past year.

There were good supplies of personal protective equipment including gloves, masks, eye protection and aprons for patients and staff members. There were hand washing facilities in the decontamination rooms, treatment rooms and the toilets.

All of the staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. We saw evidence of this in the staff records looked at.

Equipment and medicines

We found that the autoclave, X-ray and firefighting equipment had all been inspected and serviced in the past year. However, there was no evidence that the compressor and the ultra-sonic bath had been serviced. There was also no evidence that portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

Radiography (X-rays)

Are services safe?

The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. The local rules relating to the equipment were held.

There were suitable arrangements in place to ensure the safety of the equipment. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) in the past year. There was also an inventory of X-ray equipment.

The periodontist was the radiation protection supervisor (RPS). There was evidence that they had completed the necessary radiation training. The last X-ray audit was carried out in May 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked dental care records to confirm the findings and discussed patient care with the practice manager. We found that the periodontist regularly assessed patients' gum health and soft tissues (including lips, tongue and palate). The periodontist took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

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 and rapid screening tool used by dentist to indicate the level of treatment need in relation to a patient's gums.) Different BPE scores triggered further clinical action. The periodontist and hygienists always checked people's medical history and medicines they were on prior to initiating 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 or dietary advice. The periodontist identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. The periodontist also carried out examinations to check for the early signs of oral cancer.

Staffing

Staff told us they received professional development and training. We reviewed three staff training records and found that there was no evidence that staff had completed continuing professional development (CPD) in some of the subjects recommended by the General Dental Council such as radiography, infection control and safeguarding children and adults at risk training.

There was a system in place to cover staff absenteeism. The practice manager told that a system would be set up to ensure that staff were engaged in an appraisal process whereby their training needs were identified and performance evaluated. However, this had not been established yet as staff members had not worked at the practice for a year.

Working with other services

We were told that the periodontist referred patients internally to the hygienist as necessary and that patient's were given a copy of their consultation report. We were told that when the patient had received their treatment they were discharged back to the practice which had referred them for the specialist treatment for further follow-up and monitoring.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff told us they discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients confirmed that treatment options, and their risks and benefits were discussed with them. Our check of the dental care records found that these discussions were recorded. Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

Staff members were aware of the Mental Capacity Act (MCA) 2005. They could accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. (The MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback received from patients who completed the CQC comment cards was positive. They mentioned staff's caring and helpful attitude.

We were told doors were always closed when patients were in the treatment room. Patients indicated to us in their feedback that they were treated with dignity and respect at all times.

Dental care records were stored electronically. Staff understood the importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained.

The computer screen at reception was positioned in such a way that patient confidentiality was well maintained and confidential patient information could not be seen by others across the reception desk. Staff also told us that people could request to have confidential discussions in the treatment room, if necessary.

Involvement in decisions about care and treatment

Details of private dental charges and fees were displayed in the waiting area. Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan. Patient's confirmed that they felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff. They told us that treatment options were well explained; the periodontist listened and understood their concerns, and respected their choices regarding treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The periodontist specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. The practice was on the ground floor and basement; patients in wheelchairs could not gain access to the surgeries as they were all on the basement. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions.

Access to the service

The practice was open Mondays to Friday from 9am-5pm.

Patients could book an appointment in advance. Patients told us that they were able to get an appointment in good time but overall did not have any concerns about accessing the periodontist.

We asked practice manager about access to the service in an emergency or outside of normal opening hours. They told us that patients attending for specialist periodontal treatment did not require emergency treatment as they would return to their general dentist for this service.

Concerns & complaints

The practice had a complaints policy describing how the practice would handle complaints from patients and there was information for patients about how to make a complaint in the waiting area. We were told that there had been no complaints in the past year.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear management structure and relevant policies and procedures were in place.

We were told practice meetings took place regularly and we saw evidence of this.

However, the governance arrangements in place needed improvements. We found that there was limited information available to assure us that staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council. Staff files did not contain complete records of CPD. We were provided assurance after the inspection that all staff were up to date with their CPD requirements.In addition, some equipment had not been serviced and portable appliance testing had not been carried out.

Members from the organisation's management team assured us on the day of the inspection that they would address these issues.

Leadership, openness and transparency

The staff we spoke with told us that they enjoyed their work and had enough time to do their job.

We found staff to be caring and committed and overall there was a sense that staff worked together as a team. Staff had a good, open working relationship with the practice manager. Staff had not had an appraisal; however we were assured that this would happen once the staff members had been working at the practice for a year.

Learning and improvement

The practice had a programme of clinical audit in place for reviewing radiographs and dental care records. An infection control audit had been completed in the past six months.

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

Staff said they could approach the practice manager with feedback at any time, and we found the practice manager was open to feedback on improving the quality of the service.