Pure Dental Surgery Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 November 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
Pure Dental Surgery is a mixed dental practice providing both NHS and private treatment. The practice caters for children and adults and is situated in a residential area of Eastbourne.

The practice provides services on one level and has three treatment rooms, a decontamination room, an X-ray room, reception and two waiting areas.

The provider is the registered person. A registered person is registered with the Care Quality Commission to manage the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The practice has three dentists, one dental hygienist who provided preventative advice and treatments on prescription from the dentists working at the practice. The dentists and hygienist are supported by four dental nurses, two receptionists and a practice manager.

Before our inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of using the practice. We collected 68 completed cards. All provided a positive view of the service the practice provides. Patients commented the team were kind, caring, efficient and that they had

Summary of findings

received excellent care. The majority commented that the practice was very clean and many told us that nothing was too much trouble, that staff went out of their way to help them.

Our key findings were:

- Staff reported incidents and kept records of these which were used for shared learning and improvement
- The practice was visibly clean and well maintained
- Patients' needs were assessed and care and treatment was planned and delivered in line with current guidance.
- The practice had effective safeguarding processes and staff understood their responsibilities for safeguarding vulnerable adults and children.
- The practice placed an emphasis on the promotion of good oral health and provided regular oral health advice to patients.
- Staff had received training appropriate to their role and were supported in their continued professional development.
- Information from 68 completed comment cards gave us a positive picture of a friendly, caring, professional service.
- The practice took into account and comments, suggestions or complaints and used these to make improvements to the service.
- Staff were well supported and were committed to providing a quality service to their patients.

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 effective and efficient processes for infection control, management of medical emergencies and dental radiography (X-rays). The equipment in the practice was well maintained in line with the manufactures instructions. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from incidents and accidents. There were sufficient numbers of suitably qualified and skilled staff working at the practice. Staff had received training in safeguarding and were aware of their responsibilities to protect vulnerable adults and children.

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

The care and treatment provided by the practice were evidence based and focused on the individual needs of the patients. The practice used national guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. We saw examples of positive team work and evidence of good communication with dental professionals. Staff received training and development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC), completed frequent continuing professional development which were meeting the requirements of their professional registration.

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

We collected 68 completed comment cards which were all positive. We spoke with seven patients and discussed their experiences. All of the information we received from patients provided a positive view of the service the practice provided. Patients told us that the care and treatment they received was caring, patient and thorough. They praised the skills of the clinical staff and the professionalism of the whole practice team.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice provided clear information to patients about the costs of their treatment. Patients could access treatment and urgent care when required. The practice was all on one level with access into the building for patients with mobility difficulties and families with prams and pushchairs. The team had access to telephone translation services if they needed and staff spoke a range of other languages.

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

The practice manager and principal dentist worked closely together to co-ordinate the day to day running of the practice. Staff were aware of the way forward and vision for the practice. The practice used quality assurance processes to assist them to maintain the quality of the service.

Pure Dental Surgery Limited

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.

This was an announced inspection and was carried out on 10 November 2015 by a CQC inspector and two dental specialist advisors.

We informed NHS England area team and local Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection we spoke with three dentists, three dental nurses, one receptionist and the practice manager. We looked around the premises and reviewed operational polices dental care records and staff files.

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 adverse incidents reporting policy and reporting forms for staff to complete when something went wrong. All staff we spoke with were aware of the systems to follow which included recording, investigation, analysis and reduction of risk. No incidents had occurred within the last 12 months.

The practice had a system to manage national patient safety and medicine alerts that effected the dental profession. The practice received these by email, cascaded them to the relevant staff and discussed them at practice meetings. Any actions required were monitored by the practice manager to ensure the appropriate action had been taken.

Records we viewed reflected the practice was following national guidance in relation to the control of substances hazardous to health (COSHH). All substances in use at the practice had been risk assessed and measures implemented to keep staff and patients safe.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and had completed the appropriate level of training to hold this role. All staff had received safeguarding training for children and vulnerable adults. All staff we spoke with were aware of the procedure they would have to follow if abuse or neglect was suspected. They were clear on who to contact at the practice or externally if the need arose. A safeguarding handbook was available to staff and contained details of external organisations that could offer support. This included contact details of the local authority safeguarding teams.

The dentists we spoke with on the day of our inspection told us that they did occasionally use a rubber dam for root canal treatments (endodontics). A rubber dam (a thin flexible rectangular sheet, held onto the tooth with a frame and clamp) is used to isolate the tooth undergoing treatment to prevent the inhalation of small instruments and to control moisture.

Patients attending the practice had their medical history reviewed on each occasion. This ensured that any health conditions or medicines could be considered before prescribing or deciding on certain treatments. New patients were required to complete a comprehensive medical and lifestyle form which was reviewed at each visit. The details of patient's medical conditions, medicines, lifestyle choices (such as smoking) were recorded on the electronic dental care records as well as a hard copy.

Medical emergencies

All staff had received training to equip them to manage a medical emergency and this was repeated at appropriate intervals. Emergency medicines and equipment, including an automated external defibrillator (AED, a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm) and oxygen were readily available. All staff knew the location of the emergency medicines and equipment and could retrieve it quickly if required.

The emergency medicines and equipment held by the practice reflected the Resuscitation Council UK recommendations, except for a medicine used for somebody suffering an epileptic fit. The practice held vials which would need to be drawn up into a syringe before administration. It is recommended that a different administration type of the same medicine be used as this will save time. We brought this to the attention of senior staff who informed us that the other type of medicine was on back order and the vials were held as a back-up. We saw an invoice to confirm this. All of the emergency medicines and equipment were in date, we looked at records showing that medicines were checked and replaced and that equipment was monitored regularly.

Staff recruitment

The practice had an effective recruitment and selection policy that ensured patients were cared for and supported by suitably qualified, skilled and experienced staff.

We looked at records of staff employed at the practice. Records showed that staff only started work at the service after they had completed all relevant checks. This included an application form, attended an interview, satisfactory references and a police records check from the Disclosure and Barring Service (DBS). Where applicable; registration with the General Dental Council was verified. All these checks helped to make sure that only people who were

Are services safe?

deemed suitable were employed. Staff that we spoke with indicated that they had received a comprehensive job description and were clear about the roles and responsibilities expected of them.

Staff had received yearly appraisals which reviewed their knowledge and skills and helped to identify any further training they may need. This ensured that staff were kept up to date and were able to respond to the changing needs of their patients.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and had carried out a number of risk assessments to ensure the safety of patients and others who attended the premises. This included risk assessments for radiation protection, the building, fire prevention and the safe use of pressure vessels, such as the autoclaves and compressor.

We saw risk assessments for patients who had been prescribed different options; such as root canal treatment verses taking a tooth out and providing a denture. The risks and benefits of such treatments were explained and recorded in the person's records.

The practice had a business continuity plan that outlined the procedures to follow and people to contact in the event that services were disrupted. This included a reciprocal arrangement with another practice in the area. The plan included extreme situations such as loss of the premises due to fire or flooding, loss of utilities and staff shortages due to pandemic illness. Staff told us that copies of the plan were held off site so the information was always accessible.

Infection control

The 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05) published by the Department of Health sets out in detail the processes and practices essential to prevent the transmission of infections. We observed the practice's processes for the cleaning, sterilising and storage of dental instruments and reviewed their policies and procedures. This assured us that the practice was meeting the HTM01-05 essential requirements for decontamination in dental practices. Two of the dental nurses shared lead responsibility for infection prevention and control (IPC).

We saw that dental treatment rooms, decontamination room and the general environment were clean, tidy and clutter free. Feedback confirmed that the practice maintained high standards regarding this at all times. The practice employed a cleaner for general cleaning at the practice and we saw that cleaning equipment was safely stored in line with guidance about colour coding equipment for use in different areas of the building. An audit of general cleanliness at the practice was carried out every six months.

During the inspection we observed that the dental nurses cleaned the surfaces, dental chair and equipment in treatment rooms between each patient. We saw that the practice had a supply of personal protective equipment (PPE) for staff and patients including face and eye protection, gloves and aprons. There was also a good supply of wipes, liquid soap, paper towels and hand gel available. The decontamination room and treatment rooms all had designated hand wash basins separate from those uses for cleaning instruments.

A dental nurse showed us how the practice cleaned and sterilised dental instruments between each use. The practice had a well-defined system which separated dirty instruments from clean ones in the decontamination room, in the treatment rooms and while being transported around the practice. The practice had a separate decontamination room where the dental nurses cleaned, checked and sterilised instruments. All of the nurses at the practice had been trained so that they understood this process and their role in making sure it was correctly implemented. Different boxes were used to transport the dirty and clean instruments to and from the decontamination room.

The dental nurse showed us the full process of decontamination including how staff rinsed the instruments, checked them for debris and used the washer/disinfector and autoclaves (equipment used to sterilise dental instruments) to clean and then sterilise them. Clean instruments were packaged and date stamped according to current HTM01-05 guidelines. They confirmed that the nurses in each treatment room checked to make sure that they did not use packs which had gone past the date stamped on them. Any packs not used by the date shown were processed through the decontamination cycle again.

The dental nurse showed us how the practice checked that the decontamination system was working effectively. They showed us the paperwork they used to record and monitor

Are services safe?

these checks. These were fully completed and up to date. We saw maintenance information showing that the practice maintained the decontamination equipment to the standards set out in current guidelines.

The practice used single use dental instruments whenever possible which were never re-used and the special files used for root canal treatments were used for one treatment.

A specialist contractor had carried out a legionella risk assessment for the practice and we saw documentary evidence of this. Legionella is a bacterium which can contaminate water systems. We saw that staff carried out regular checks of water temperatures in the building as a precaution against the development of Legionella. The practice used a recognised flushing method to prevent a build-up of legionella biofilm in the dental waterlines. Regular flushing of the water lines was carried out in accordance with the manufacturer's instructions and current guidelines.

The practice carried out audits of infection control every six months using the format provided by the Infection Prevention Society. The practice also completed an annual IPC report in line with guidance from the Department of Health code of practice for infection prevention and control.

The practice had a record of staff immunisation status in respect of Hepatitis B a serious illness that is transmitted by bodily fluids including blood. There were clear instructions for staff about what they should do if they injured themselves with a needle or other sharp dental instrument including the contact details for the local occupational health department.

The practice stored their clinical and dental waste in line with current guidelines from the Department of Health. Their management of sharps waste was in accordance with the EU Directive on the use of safer sharps and we saw that sharps containers were well maintained and correctly labelled. The practice had an appropriate policy and used a safe system for handling syringes and needles to reduce the risk of sharps injuries.

The practice used an appropriate contractor to remove dental waste from the practice and we saw the necessary waste consignment notices.

Equipment and medicines

We looked at the maintenance schedules and routine, daily and weekly testing regimes for the equipment used at the practice. All records demonstrated that equipment was maintained in accordance with the manufacturer's instructions. This included equipment's used in the decontamination and sterilisation of dental instruments, X-ray equipment and the medical emergency equipment.

All electrical equipment had been PAT tested using an appropriate qualified person. PAT is an abbreviation for portable appliance testing.

The practice recorded medicines prescribed and administered such as local anaesthetic. We saw from a sample of dental care records that dentists had recorded in some cases, the type of local anaesthetic used, the dose, area of administration and the batch number and expiry dates. We spoke with staff regarding the omission of this information on some of the patient records. They informed us that they are working to incorporate a national standard for record keeping and that this will be improved.

Radiography (X-rays)

The practice was working in accordance with the Ionising Radiation Regulations 1999 (IRR99) and the Ionising Radiation (Medical Exposure) Regulations 2000 (IR(ME)R). They had a named Radiation Protection Adviser and Supervisor and a well maintained radiation protection file. This contained the required information including the local rules and inventory of equipment, critical examination packs for each X-ray machine and the expected three yearly maintenance logs.

We saw evidence that the recorded evidence of the reasons why they had taken X-rays and that X-rays were always checked to ensure the quality and accuracy of the images. The principle dentist quality assured this process. One dentist explained they were using a particular type of cone on the X-ray machine which was the same shape and size of an x-ray. This reduced the area of that was exposed to radiation. They showed us their ongoing clinical audit records for the quality of the X-rays they took; this showed they were using this process to monitor their own performance in this aspect of dentistry.

Are services safe?

The dentists and dental nurses involved in taking X-rays had completed the required training. Two of the dentists had completed advanced radiological training and were members a number of radiological societies. Radiography standards at the practice were extremely high.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists confirmed the length and frequency of patients appointments were based on their assessed treatment needs so that each patient was given time without rushing. Comments received from patients reflected this.

We looked at a range of clinical and practice wide audits that had been carried out to help staff monitor the effectiveness of the service they provide. This included appointment waiting times, access by telephone, the quality of X-ray images taken and infection control. During our visit we found that care and treatment was planned and delivered in a way that ensured patients safety and welfare. We saw that a full medical history and list of medicines had been recorded in the patient record and had been reviewed regularly.

Health promotion & prevention

The practice was aware of the Public Health England "Delivering Better Oral Health" guidelines and were proactive in providing preventative dental care as well as providing restorative treatments. Dental care records that we viewed illustrated that discussions were carried out on smoking cessation and eating a healthy diet where required and patients we spoke with told us that they had been encouraged to stop smoking.

The water supply in East Sussex does not contain fluoride and the practice offered fluoride varnish applications as a preventative measure for both adults and children. The practice advised patients on how to achieve good oral health and maintain it.

Staffing

The practice manager had been in post for one year and was not clinically trained; however during our interviews we were assured that they were constantly acquiring knowledge and experience in their role. They were fully supported by the principal dentist and other members of the practice team.

We saw evidence that members of the clinical team had completed appropriate training to maintain the continued professional development required for their registration with the General Dental Council. This included medical emergencies in dental practices, infection control, child and adult safeguarding, dental radiography (X-rays), oral cancer and other specific dental topics. The staff files contained details of confirmation of current General Dental Council (GDC) registration, current professional indemnity cover and immunisation status. The practice manager had a system for monitoring this information.

Working with other services

The practice had a structured system with regard to working with and making referrals to other services such as NHS community dental services and practices specialising in specific aspects of dentistry. We saw evidence that the practice liaised with other dental professionals and made appropriate referrals to other services when this was needed. The practice had arrangements for emergency dental treatment out of surgery hours. We saw an emergency number was provided that would give a patient direct access to a dentist should they suffer a dental emergency. This was displayed outside of the building, in the practice leaflet and on the practice website. Patients we spoke with told us that they had used the emergency number and received pain relief within a couple of hours.

Consent to care and treatment

The dentists described the methods they used to make sure patients had the information they needed to be able to make an informed decision about their treatment options. They told us that they often used models, pictures, videos, photographs, and X-rays to illustrate information for patients. They spoke about the patients having clear information and also time to consider what they wished to do.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff were aware of the MCA and could demonstrate how it would apply to their work. Members of the team told us that at present they had few patients where they need to consider the MCA when providing treatment but were aware of the relevance of the legislation in dentistry.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The patients who had completed Care Quality commission (CQC) comment cards were complimentary about the care and treatment they received at the practice. Patients told us that the practice was welcoming and referred to all of the staff as caring, helpful and always willing to listen. Staff told us that there was no definition between patients who received treatment on the NHS and those treated privately with regard to the time spent with them and access to the practice.

During the inspection we observed members of the team dealing with patients on the telephone and at the reception desk. We heard the staff were polite and helpful. On one occasion a person called the practice because they were in pain. We noted that an appointment was arranged immediately on that day.

Involvement in decisions about care and treatment

Some patients who completed CQC comment cards specifically commented on being involved in decisions about treatment and the professionalism of all staff at the practice.

We looked at dental care records and we saw recorded information about discussions and explanations provided to patients about the care and treatment they needed. This included different options and the risks and benefits of each option discussed. One of the dentists we spoke with described how important it was to give patients enough time to consider which treatment option they wished to commence. This was particularly important where the treatment was complex and the patient had been supplied with a lot of information. Responses in some of the comment cards described how much patients appreciated the care taken to explain the treatment to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided both NHS and private treatment which patients could choose from. The website provided information about all the types of treatment available and their costs, this was also on display in the practice and in the practice leaflet.

Care and treatment was planned and delivered by trained, registered and qualified staff; this ensured people's safety and welfare. A detailed medical history was taken for each person; records demonstrated that this was updated at each consultation. Staff told us and we saw that there was a system that flagged up any health risks when the person's file was accessed. This indicated people with health conditions were given the most suitable treatment for their needs.

Tackling inequity and promoting equality

The practice had access to a telephone translation service if they needed this. Two of the dentists were bi-lingual (English / Norwegian) and (English / Finnish) so were able to converse with patients in another language if this helped them to understand their care and treatment.

There was level access into the building with all treatment rooms on the ground floor. There was also an accessible toilet which was spacious. Staff explained to us that a number of their patients were aging and increasingly need to take frailty and limited mobility into account when providing services.

Access to the service

The practice was open from 8.30am to 5.30pm Monday to Fridays. Patients could request appointments later in the evenings and on a Saturday morning and this would be arranged. The practice aimed to provide same day emergency access during opening hours and provided an on call arrangement for when the practice was closed. Information about the out of hour's service was available in the practice, on the answer phone message, in the practice leaflet and on the website. The practice also shared details on how to access the NHS emergency out of hours care.

Concerns & complaints

The practice had a complaints process which was available on the practice website as well as in print at the practice. This contained information about relevant external bodies that patients could contact about their concerns if they were not satisfied with how the practice dealt with them.

We looked at information available about comments and compliments and complaints. The information showed that no complaints had been received. Patients we spoke with told us that they felt confident in raising any issues or concerns with the practice. However none of the patients we spoke to had cause to make a complaint as they were happy with the quality of care they had received.

Are services well-led?

Our findings

Governance arrangements

We saw and discussed information about audits that had been carried out at the practice. We noted that there was a commitment to clinical governance and all aspects of the service provided was scrutinised through audit activity. The programme checked different areas of the service which included, but was not limited to, infection control, X ray equipment, the quality of X -rays, patient's records, patient satisfaction and dental waste.

We saw evidence of a number of audits. These covered areas such as radiation protection, fire safety, safeguarding, health and safety issues and infection control. We noted that an auditing system was used to ensure that all emergency medicines had not expired and that equipment, such as oxygen cylinders were effective and in good working order.

Leadership, openness and transparency

The practice had a strong leadership structure which was led by the principal dentist. Staff were experienced, suitably qualified and worked closely as a team. We observed an effective team in a relaxed atmosphere. Staff told us that they felt supported and it was a lovely place to work, that they could talk to the partners or the practice manager about anything.

Learning and improvement

The practice recognised the value of developing the staff team through learning and development. We found that the clinical staff had all undertaken the necessary learning to maintain their continued professional development which is a requirement of their registration with the General Dental Council (GDC).

The practice held staff meeting on a monthly basis. We saw that staff were encouraged to take part in the content of these meetings. This included individual staff presenting agenda items for consideration and discussion at the meetings.

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

The practice carried out a patient feedback survey every year. We looked at the most recent survey results. The overall consensus was that patients were satisfied with the dental care they had received. The main area of contention for patients had been a difficulty in getting through to the practice on the telephone. As a result of the survey and an audit, a new telephone system was installed so that more calls could be attended to and electronic payments could be made at the same time, which had been a problem before. Patients we spoke with and comment cards indicated that it was much easier to get through since the new system was installed.