DLT Dental Limited

Hatton Garden Dental Practice

Inspection Report

24 Hatton Garden, London, EC1N 8BQ
Tel: 02074048232
Website: www.hattongardendentist.co.uk

Date of inspection visit: 24 February 2016
Date of publication: 26/04/2016

Overall summary

We carried out an announced comprehensive inspection on 24 February 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.

Hatton Garden Dental Practice is located in the London Borough of Camden. The practice comprises of two surgeries and a decontamination room. There is also a reception and waiting area. Toilet facilities for patients were also available.

The practice provides private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment.

The staff structure of the practice comprises of a principal dentist, a hygienist, a dental nurse and a trainee dental nurse. The practice was open Monday to Thursday.

The principal dentist 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 26 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.

Summary of findings

Our key findings were:

- The practice had systems in place to minimise the risks associated with providing dental services.
- The practice had policies and procedures in place for child protection and safeguarding adults.
- Equipment, such as the air compressor, autoclave (steriliser), and dental chair had all been checked for effectiveness and had been regularly serviced.
- There were systems in place to reduce the risk and spread of infection.
- Staff had access to an automated external defibrillator (AED) and other equipment and medicines to manage medical emergencies in line with current guidance
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- There were arrangements in place to deal with foreseeable emergencies
- There was a complaints procedure available for patients.
- Patients' needs were assessed and care was planned. The practice had a clear management structure but there were limited governance arrangements in place for the smooth running of the practice.
- Improvements were required to ensure staff appraisals were undertaken at regular intervals.

There were areas where the principal dentist could make improvements and should:

- Review recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the processes and systems in place for seeking and learning from patient and staff feedback with a view to monitoring and improving the quality of the service.
- Review the staff supervision protocols and ensure an effective process is established for the on-going 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. Equipment was well maintained and checked for effectiveness.

The practice had systems in place for identifying, investigating and learning from incidents relating to the safety of patients. The infection prevention and control practices at the surgery followed current national guidance. All equipment at the practice was regularly maintained, tested and monitored for safety and effectiveness.

The practice had systems in place for waste disposal, the management of medical emergencies and dental radiography.

Are services effective?

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

The practice monitored patients' oral health and gave 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 dentists and made referrals where appropriate.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and 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 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 good access to appointments, including emergency appointments, which were available on the same day. The practice had a complaints policy and procedure in place. The practice however, did not have 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.

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. Staff at the practice were supported to complete training for the benefit of patient care and for their continuous professional development.

Summary of findings

Improvements were required to ensure there were robust governance arrangements in place to guide the management of the practice. This should include reviewing recruitment procedures, having formal means to appraise staff and to gather feedback from staff and patients.

The provider assured us on the day of the inspection and following our visit that they would address these issues by notifying staff of the correct procedures to follow, provide staff training, and put immediate procedures in place to manage risks.

Hatton Garden Dental Practice

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 24 February 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 management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed a dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the reception area.

We received feedback from 26 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 an effective system in place for reporting and learning from incidents. There had been no incidents reported 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 principal dentist 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 had an understanding the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We were told that there had not been any such incidents in the past 12 months.

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 principal dentist was the lead in managing safeguarding issues. We were told that staff had completed safeguarding training in the past 18 months. 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 principal dentist.

The practice had carried out a range of risk assessments and the practice had implemented policies and protocols with a view to keeping staff and patients safe. For example, they had an infection control policy, health and safety policies, and had carried out risk assessments relating to fire safety and legionella.

The dentist used rubber dam for root canal treatments in line with current guidance(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. 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).

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff had received training in emergency resuscitation and basic life support in the past year. This training was renewed annually. There was a practice protocol for responding to an emergency.

The practice had most of the emergency equipment and medicines in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary. This included medical oxygen. The practice staff had access to 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.

Staff recruitment

There was a recruitment policy in place. We reviewed four staff recruitment records and saw that the practice had carried out some checks to ensure that the person being recruited was suitable and competent for the role.

This included checks with the Disclosure and Barring Service (DBS), the checking of identity and registration with the General Dental Council (where relevant). There was also a copy of their qualification and immune status.

However, we found that references from previous employers were not always obtained for new staff; there was no formal induction, curriculum vitae had not always been requested and staff did not provide photographic proof of identification. The principal dentist undertook to obtain this information.

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 safety checks and drills were carried out.

Are services safe?

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There were COSHH 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.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy and written protocols for the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. Staff records we reviewed contained evidence that staff had attended a training course in infection control.

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 treatment room and the decontamination room which ensured the risk of infection spread was minimised.

There was a dedicated decontamination room. A 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, and a magnifier was used to check for any debris during the cleaning stages. Items were then placed in an autoclave (steriliser) after cleaning. They were then placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective.

The autoclave was checked daily for its performance, for example, in terms of temperature and pressure checks. A log was kept of the results demonstrating that the equipment was working well. We were told regular infection control audits were carried out by the practice; the last one was carried out in September 2015.

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 September 2015. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

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 room, treatment room 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.

Equipment and medicines

We found that equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, autoclaves and X-ray equipment had all been inspected and serviced in the past year. We saw 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.

The practice did not store prescription pads. We noted dental materials were stored in a fridge as per manufacturer's guidance; however temperature checks were not being carried out to ensure that items were being stored at the correct temperature.

Radiography (X-rays)

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) within the recommended timescales. The principal dentist was the radiation protection supervisor (RPS). There was evidence that the principal dentist had completed radiation training. X-ray audits were being conducted on an ongoing basis.

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 principal dentist. We found that the dentist regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). The dentist 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 dentist 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 dentist 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 dentist also carried out examinations to check for the early signs of oral cancer.

Improvements could be made to provide a wider range of health promotion materials and leaflets in the reception area.

Staffing

Staff told us they received professional development and training. Qualified clinical staff had current registration with their professional body - the General Dental Council, and were all up to date with their continuing professional development requirements, and working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. We saw evidence of the range of training and development opportunities available to staff to ensure they remained effective in their roles.

There was a system in place to cover staff absenteeism. Improvements were however required to ensure staff were engaged in a formal appraisal process.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The principal dentist would send emails for onward referral to other principal dentists. We were told that patients were emailed a copy of the referral letter. When the patient had received their treatment they were discharged back to the practice 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.

Improvements were required to ensure all staff were aware of the Mental Capacity Act (MCA) 2005.. (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). There was no evidence that staff had received training in this area.

However, we were provided assurance that staff had completed MCA training immediately after the inspection.

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 observed staff were welcoming and helpful when patients arrived for their appointment. The principal dentist spoke politely and calmly to all of the patients. 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.

Some dental care records were stored electronically and others in paper format. Electronic records were password protected and regularly backed up. 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 it 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 available on the practice website. 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 dentist 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 dentist 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. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us that a hearing loop was available for patients who had hearing difficulties.

The practice was in the basement; the principal dentist told us that home visits were carried out for patients with mobility issues.

Access to the service

The practice was open Monday from 9am-5.30pm, Tuesdays from 9am-8pm, Wednesdays from 9am-6pm and Thursdays from 9am-4.30pm.

Patients could book an appointment in advance. Patients told us that they could get an appointment in good time and did not have any concerns about accessing the dentists.

We asked the principal dentist about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out of hours emergency treatment. Staff told us that the patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

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 there had been no complaints in the past year. The patients we spoke with told us they could approach the principal dentist if they wanted to make a complaint.

Are services well-led?

Our findings

Governance arrangements

There were relevant policies and procedures in place and the practice had a clear management structure; however the governance arrangements required improvements.. Recruitment checks needed to be completed and recorded suitably.

There were arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and assessing quality such as undertaking audits. We saw a risk assessment in place for fire safety and a Legionella risk assessment had been undertaken and acted upon to minimise risks.

We were told practice meetings took place periodically; however these were informal and not documented; therefore we could not check evidence of these.

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 principal dentist.

Improvements were required to have in place a system of undertaking staff appraisals to support staff.

Learning and improvement

The practice had processes in place to ensure staff were supported to develop and continuously improve. Training opportunities were available for staff and this was identified through staff discussions; staff could also request if they desired any additional training.

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

Staff said they could approach the principal dentist with feedback at any time. We found the principal dentist was open to feedback on improving the quality of the service. Improvements could however be made to routinely gather feedback from patients and from staff formally.