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Dazzle Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 December 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.

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

Dazzle Dental Care is located in the London Borough of Barnet and provides private dental treatment to both adults and children. The premises are on the ground floor and consist of one surgery, a reception area and a dedicated decontamination room. The premises are wheelchair accessible and have facilities for wheelchair users. The demographics of the practice is mixed and serves patients from different social and ethnic backgrounds. The practice is open Monday to Saturday 9:30am – 1:00pm.

The staff consists of the principal dentist, two associate dentists, two trainee dental nurses, who are also receptionists, and one dental hygienist.

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 22 patients. Patients were positive about the service. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

Summary of findings

- Patients' needs were assessed and care was planned in line with current guidance.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Staff had been trained to handle emergencies, and appropriate medicines and life-saving equipment were readily available. Staff knew where the equipment was stored
- There were systems in place to check equipment had been serviced regularly, including the autoclave, oxygen cylinder and the X-ray equipment.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system in place to deal with complaints as they arose.
- At our visit we observed staff were kind, caring and professional.
- Governance arrangements were in place for the running of the practice

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 for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was maintained in line with current guidelines. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency and stored safely. X-rays were taken in accordance with relevant regulations.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health (DOH) and the General Dental Council (GDC). 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. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. We saw examples of effective collaborative team working.

Are services caring?

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

We received feedback from 22 patients and found that patients were positive about the care they received from the practice. Patients commented they felt fully involved in making decisions about their treatment, were made comfortable, and felt their concerns, if any would be listened to.

We noted that patients were treated with respect and dignity during interactions we observed at the reception desk and over the telephone.

Are services responsive to people's needs?

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

The needs of people with disabilities had been considered and there was wheelchair access to the practice. There was a clear policy in place which was used to handle complaints as they arose. Patients had access to information about the service including via the practice website. There was a practice leaflet with relevant information for patients and also a patient information noticeboard.

The practice provided friendly and personalised dental care. Patients had good access to appointments, including emergency appointments, which were available on the same day.

Are services well-led?

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

The staff we spoke with described an open and transparent culture which encouraged candour. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so. Leadership structures were clear and there were processes in place for dissemination of information and feedback to staff.

Summary of findings

The practice had suitable clinical governance and risk management structures in place. Staff meetings were held frequently and minutes taken of the meetings. Staff told us they enjoyed working at the practice and felt part of a team. Opportunities existed for staff for their professional development. The practice used feedback from patients to help to develop the service. Audits were being used to improve the practice and staff we spoke with were confident in their work and felt well-supported.

Dazzle Dental Care

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 10 December 2015. The inspection was carried out by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website.

During our inspection visit, we reviewed policy documents and staff records. We spoke with two patients, three members of staff, which included the principal dentist, one trainee dental nurse and a dental hygienist. We conducted

a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We reviewed the practice's decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area. We also spoke with patients on the day of the inspection and reviewed Care Quality Commission (CQC) comment cards completed by patients in the two-week period prior to our inspection visit.

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 incidents and accident reporting procedure. All staff we spoke with were aware of reporting procedures including recording them in the accident book. There were no reported incidents or accidents within the last 12 months. There was a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and staff were aware of the requirements. The provider had two other sister practices and showed us evidence of the discussions among staff at the combined team meetings. There were no RIDDOR incidents within the last 12 months.

The practice had carried out risk assessment around the safe use and handling of substances in accordance with Control of Substances Hazardous to Health, 2002 Regulations (COSHH). The practice had a well maintained COSHH folder which was updated in October 2015. (COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way).

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and child protection. The policy was updated in November 2015 and contained details of the local authority safeguarding teams, whom to contact in the event of any concerns and the team's contact details. The principal dentist was the safeguarding lead and all staff we spoke with were aware of how to respond to suspected and actual safeguarding incidents. All staff had completed child protection and safeguarding training to an appropriate level. The three dentists and the dental hygienist had completed level three child protection and safeguarding training. Both dental nurses had completed level two child protection and safeguarding training.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, there was a weekly inspection of the fire doors and escape routes

which was documented. Staff received training in fire safety, emergency exit routes were shown, fire safety posters were displayed and appropriate fire extinguishers were in place.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [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].

Medical emergencies

The practice had suitable emergency resuscitation equipment and medicines in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary (BNF). Oxygen and other related items, such as manual breathing aids, portable suction, and an automated external defibrillator (AED) were available in line with the Resuscitation Council UK guidelines (2010). (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).

Records completed showed regular checks were done to ensure the equipment and emergency medicine was safe to use. All staff had completed training in emergency resuscitation and basic life support. All staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell.

Staff recruitment

There were recruitment and selection procedures in place. We reviewed the employment files for all staff members. The files contained the evidence required to satisfy the requirements of relevant legislation including evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom where required.

Appropriate checks had been made before staff commenced employment including evidence of professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out. (The DBS checks

Are services safe?

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.)

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies and the practice had a fire safety policy in place. Fire safety signs were clearly displayed, and staff were aware of how to respond in the event of a fire. Staff told us there was a weekly inspection of the fire doors and escape routes and we saw evidence of this.

The practice had carried out a risk assessment of the business and there was a comprehensive business continuity plan in place. The business continuity plan detailed the practice procedures for unexpected incidents and emergencies. This included loss of the computer system, electricity, gas or water supply, flood, theft and vandalism.

Infection control

There were effective systems in place to reduce the risk and spread of infection. There was a written infection control policy which included minimising the risk of blood-borne virus transmission and the possibility of sharps injuries, decontamination of dental instruments and hand hygiene. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This document and the practice policy and procedures on infection prevention and control were accessible to staff.

We examined the facilities for cleaning and decontaminating dental instruments. The practice had a dedicated decontamination room. A trainee dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in an autoclave (sterilising machine).

We saw instruments were placed in pouches before vacuum sterilisation and dated to indicated when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the

steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

We observed how waste items were disposed of and stored. The practice had an on-going contract with a clinical waste contractor. We saw the different types of waste were appropriately segregated and stored at the practice. This included clinical waste and safe disposal of sharps. Staff confirmed to us their knowledge and understanding of single use items and how they should be used and disposed of which was in line with guidance.

The treatment rooms where patients were examined and treated and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to promote effective decontamination of hands. Patients were given a protective bib and safety glasses to wear when they were receiving treatment. There were good supplies of protective equipment for patients and staff members.

Records showed a risk assessment process for Legionella was carried out in September 2015 and there was a recommended action plan. This process ensures the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise risk of patients and staff developing Legionnaires' disease. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

There was a good supply of environmental cleaning equipment which was stored appropriately. The practice had a cleaning schedule in place that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of spread of infection spread.

Equipment and medicines

There were appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the autoclave and X-ray equipment. The autoclave was serviced in September 2015. The practice had portable appliances and had carried out portable appliance tests (PAT) in February 2015.

Are services safe?

Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also looked at X-ray equipment at the practice and talked with staff about its use. We found there were arrangements in place to ensure the safety of the equipment. This included the local rules and critical examination and acceptance test report which was carried out in October 2015.

The quality of X-rays were graded and recorded in the notes. We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor. Staff had training in radiography and radiation protection.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Faculty of General Dental Practice (FGDP) guidance and Delivering Better Oral Health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals.

During the course of our inspection we checked dental care records to confirm our findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies a social history recording eating habits and an extra- and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. Dentists were also recording when oral health advice was given.

The practice held meetings to discuss ways in which they could improve the care and treatment offered to patients. For example, we saw minutes of staff meetings detailing discussions on the findings of clinical audits, complaints handling and safeguarding adults and child protection.

Health promotion & prevention

Appropriate information was given to patients for health promotion. There were a range of leaflets available in the patients' waiting room relating to health promotion including diet, gum health, tooth decay, erosion, toothbrushing, flossing and caring for children's teeth.

Staff we spoke with told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice. Notes we checked confirmed this; for example we saw that dentists had discussions with patients about the advantages of a good diet and preventive measures for decay.

Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. All new staff are required to complete the induction programme. We saw evidence that both trainee dental nurses completed the induction programme and were registered on a training course to gain a qualification which could lead to registration with the General Dental Council (GDC).

All staff had undertaken training to ensure they were up to date with the recommended core training and registration requirements issued by the General Dental Council. There was a formal appraisal system in place to identify training and development needs. Staff told us that they discussed training needs with the principal dentist and had opportunities to learn and develop. In addition to staff appraisals the practice carried out staff surveys to get views on team working, management, and the staff's voice in decision making.

Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to other dental specialists including orthodontics, endodontics, oral surgery and restorative treatment when required. The dentists referred patients to other practices or specialists if the treatment required was not provided by the practice. Referrals were made by telephone to the other two sister practices which provided specialist treatment as well as in writing to the local dental hospital.

Staff told us where a referral was necessary, the care and treatment required was explained to the patient and they were given a choice of other dentists who were experienced in undertaking the type of treatment required. We saw examples of the referral letters. All the details in the referral were correct for example the personal details and the details of the issues. Copies of the referrals had been stored in patients' dental care records appropriately, and where necessary referrals had been followed up.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. Staff confirmed individual treatment options, risks and benefits and costs were discussed with

Are services effective?

(for example, treatment is effective)

each patient who then received a detailed treatment plan and estimate of costs. The principal dentist told us that a detailed letter was sent to patients when complex treatment such as implants was discussed. Patients would be given time to consider this information and have further discussions with the dentist before making a decision. We asked the dentist to show us examples of these letters. We saw that patients were given time to consider and make informed decisions about which option they wanted. We checked dental care records which showed treatment plans signed by the patient.

Staff had received training on the Mental Capacity Act 2005 (MCA) on 06 December 2015. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 22 patients. They were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind. During the inspection we observed staff in the reception area. They were polite and courteous towards patients, welcoming and friendly.

The practice had a confidentiality policy in place, including data protection, which was updated in November 2015. Staff contracts also detailed the importance of maintaining confidentiality. Staff explained how they ensured information about patients using the service was kept confidential. Dental care records were stored securely in a lockable filing cabinet. Staff told us patients were able to have confidential discussions about their care and treatment in one of the treatment rooms.

The dentist told us that patient consultations were always in private and that staff never interrupted consultations unnecessarily. We observed that this happened with doors being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was conducive to maintaining privacy.

Involvement in decisions about care and treatment

The dentist told us they used a number of different methods including tooth models, display charts, pictures, X-rays and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following discussion of the options, risk and benefits of the proposed treatment.

Staff told us the dentists and dental hygienists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We viewed the appointment book and saw that was enough time scheduled to assess and undertake patients' care and treatment. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient. The principal dentist told us that when the practice was closed at 1pm the telephone calls would be diverted to a mobile phone. If a patient called after closing hours the dentists were able to give advice and direct them to one of the sister practices if necessary.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. These included checks for laboratory work such as crowns and dentures which ensured delays in treatment were avoided.

Tackling inequity and promoting equality

The practice had an equality and diversity policy which was updated in November 2015. The demographics of the practice was mixed and we asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from different backgrounds, cultures and religions. Patients usually had a relative with them who could translate or if not the practice would contact a translator. The practice also had staff who spoke Hindi, Gujarati, Swahili, Polish and Bulgarian.

The practice had recognised the needs of different groups in the planning of its service

It was accessible to people using wheelchairs or those with limited mobility though there was no disabled toilet. A disability risk assessment had been carried out in February 2013 and the principal dentist confirmed that the practice was in the process of having this reviewed.

Access to the service

The practice had a website with information about their services, treatments, opening times and contact details. The principal dentist told us that appointments can also be booked via the practice website. There was a patient leaflet in the reception outlining the types treatment available, opening hours, emergency out of hours' details and a list of staff working at the practice.

If patients required an appointment outside of normal opening times they were directed to the local out of hours' dental service. These contact details given on the practice answer machine message when the practice was closed.

Feedback received from patients indicated that they were happy with the access arrangements. Patients said that it was easy to make an appointment.

Concerns & complaints

The practice had a complaints policy which described how formal and informal complaints were handled. Information about how to make a complaint was displayed in the reception area and patients had easy access to it. This included contact details of external organisations to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint. The principal dentist showed us a practice advice leaflet which details the complaint process and would be given to a patient if they made a complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients and found there was an effective system in place which ensured a timely response. We reviewed the complaints that the practice received in the last 12 months and saw that they were resolved in line with the practice complaints policy. The practice team viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements with an effective management structure. There were relevant policies and procedures in place. These were all frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them.

The principal dentist had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. For example, we saw that risk assessments had been carried out for clinical waste, manual handling, slip, trips and falls. The practice had carried out a risk assessment following the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

The principal dentist organised staff meetings every other month, to discuss key governance issues and staff training sessions. Staff told us there were informal discussions on a daily basis. The principal dentist had responsibility for the day to day running of the practice and was fully supported by the practice team. There were clear lines of responsibility and accountability; staff knew who to report to if they had any issues or concerns.

Dental care records we reviewed were complete, legible and accurate and stored securely in locked filing cabinets.

Leadership, openness and transparency

The staff we spoke with described an open and transparent culture which encouraged openness and candour. Staff said that they felt comfortable about raising concerns with the principal dentist or practice manager. They felt they were listened to and responded to when they did so.

We spoke with the principal dentist about the future plans for the practice. This included having weekly staff meetings with the team from the other sister practices so that learning could be shared.

We found staff to be hard working, caring and a cohesive team committed to providing a high standard of care. There was a system of yearly staff appraisals to support staff in carrying out their roles to a high standard.

Learning and improvement

Learning through incidents and complaints was a central part of the practice improvement process. The practice carried out audits on antimicrobial prescribing, emergency appointments and record keeping, including BPE scores and updating medical histories. We saw evidence of the discussions and learning following the audits. For example, we saw that a record keeping audit was completed in September 2015 and the dentist had further training on recording BPE scores in line with current guidance from the British Society of Periodontology.

An infection control audit had been carried out in October 2015 and an X-ray audit had been carried out in August 2015. We saw evidence that areas of improvement were discussed and dates for future audits were planned.

Staff were supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

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

The practice gathered feedback from patients through the use of a yearly patient satisfaction survey. The last survey was completed in February 2015 and highlighted that some patients were uncertain of how to make a complaint. The principal dentist told us that after considering the patients feedback the complaints advice leaflet was put in the waiting area. The practice complaint policy was also displayed in the waiting area.

Staff commented that the principal dentist was open to feedback regarding the quality of the care. The appraisal system and staff meetings also provided appropriate forums for them to give their feedback.