Arggen 1 Limited

Dentcare1 Nottingham

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 12 October 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

Dentcare1 - Nottingham is a mixed dental practice providing NHS and private treatment and caters for both adults and children. One of the dentists provides dental implants and occasional use of conscious intravenous sedation for patients who are very anxious. The practice is situated in a converted domestic property. The practice had three dental treatment rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments.

A dental nurse acted as the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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.

Before the inspection we sent CQC comment cards to the practice for patients to complete to tell us about their experience of the practice. We collected 11 completed cards These provided a largely positive view of the services the practice provides.

We carried out an announced comprehensive inspection on 12 October 2015 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

Our key findings were:

Summary of findings

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- Staff demonstrated knowledge of the practice whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.
- Patients' needs were assessed and care was planned and delivered in line with current professional guidelines with respect to general dentistry and conscious sedation.
- Equipment used in the practice was maintained in accordance with the manufacturer's instructions.
- Infection control procedures were robust and the practice followed published guidance.
- The practice had enough staff to deliver the service.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Staff felt well supported by the registered manager and were committed to providing a quality service to their patients.
- Feedback from patients gave a mainly positive picture of a friendly, professional service.
- There was an effective system in place to act on feedback received from patients and staff.
- There were systems in place to assess, monitor and improve the quality of service provided.

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

- Consider adding oxygen to the existing emergency check list to prevent oversight of the expiry date.

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 care which was safe 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 well maintained and in line with current guidelines. There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members. The staffing levels were safe for the provision of care and treatment.

Are services effective?

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

The practice provided evidence based dental care which was focused on the needs of the patients. We saw examples of effective collaborative team working. The staff were up-to-date with current guidance and received professional development appropriate to their role and learning needs. Staff, who were registered with the General Dental Council (GDC), had frequent continuing professional development (CPD) sessions and were meeting the requirements of their professional registration.

Are services caring?

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

Patients told us they had positive experiences of dental care provided at the practice. Patients felt they were treated by welcoming, friendly and helpful staff. They felt involved with the discussion of their treatment options which included risks, benefits and costs. We observed the staff to be caring, friendly and professional. Staff spoke with enthusiasm about their work and were proud of what they did.

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 friendly and personalised dental care. Patients could access routine treatment and urgent or emergency care when required. The practice offered dedicated emergency appointments each day enabling effective and efficient treatment of patients with dental pain.

Patients commented that the practice staff had been very helpful in offering appointments at times to suit them and in supporting them to feel calm and reassured.

Are services well-led?

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

The dental practice had effective clinical governance and risk management structures in place. Staff told us the practice management team were always approachable and the culture within the practice was open and transparent. All staff were aware of the practice ethos and philosophy and told us they felt well supported and could raise any concerns with the provider. Staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

Dentcare1 Nottingham

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 12 October 2015.The inspection took place over one day and was carried out by a lead inspector and a dental specialist adviser.

During our inspection visit, we reviewed policy documents and staff records. We spoke with five members of staff, including the registered manager. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines, sedative medicines and equipment used in dental procedures. We observed the decontamination procedures of dental instruments and also observed staff interacting with patients in the reception area. We reviewed comment cards completed by patients these gave a mainly positive feedback about their experience at the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was a system in place to learn from and make improvements following any accidents, incidents or significant event.

Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). We found incidents were reported, investigated and measures put in place where necessary to prevent recurrence.

Patients were told when they were affected by something that went wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

We discussed with staff the different types of abuse and who to report them to if they came across a vulnerable child or adult. Staff were able to describe in detail the types of behaviour a child might display if there were possible signs of abuse or neglect. Systems and processes were in place enabling the practice to escalate safeguarding concerns in relation to children and adults. A policy was in place for staff to refer to. Information was available that contained telephone numbers of who to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

We asked how the practice treated the use of instruments which were used during root canal treatment. A dentist we spoke with explained that these instruments were single use only. He explained that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients can be assured that the practice followed appropriate guidance by the British Endodontic Society in relation to the use of the rubber dam.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff received team based annual training in how to use this. The practice had in place the emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The emergency medicines were all in date and stored securely in a labelled cupboard in the dental treatment room. The expiry dates of medicines were monitored using a monthly check sheet which enabled the staff to replace out of date medicines and equipment promptly. The practice had two full oxygen cylinders and other equipment such as manual breathing aids and portable suction was available in line with the Resuscitation Council UK guidelines. However, we found that both oxygen tanks had passed their expiry dates. We informed the registered manager who assured us that these would be immediately replaced.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for four staff members. Each file contained evidence that satisfied the requirements of relevant legislation. This included application forms, employment history, evidence of qualifications and photographic evidence of the employee's identification and eligibility to work in the United Kingdom. The qualification, skills and experience of each employee had been fully considered as part of the interview process.

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 Disclosure and Barring Service carries out checks to 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

Are services safe?

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire. Fire safety signs were clearly displayed, fire extinguishers had been recently serviced and staff demonstrated to us how to respond in the event of a fire.

The practice had a health and safety risk management process in place which enabled them to assess, mitigate and monitor risks to patients, staff and visitors to the practice. This was reviewed annually or more often if the need arose. There was a disaster planning process and business continuity plan in place.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. We looked at the COSHH file and found risks (to patients, staff and visitors) associated with substances hazardous to health had been identified and actions taken to minimise them.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. An infection control policy was in place supported by written protocols for various stages of the decontamination process. A dental nurse (who was also a team leader for the practice) demonstrated the initial cleaning of contaminated dental instruments, sterilisation procedures and the packaging of processed instruments. The dental nurse was also responsible for carrying out the routine validation tests of the ultrasonic cleaning baths and the autoclave (devices for sterilising cleaned instruments). It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met.

It was noted that the dental treatment rooms, waiting area, reception and toilet were clean, generally tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in the treatment room areas. Hand washing facilities were available including liquid soap and paper towels in the treatment rooms, decontamination room and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice.

We inspected the drawers and cupboards in two treatment rooms. These were well stocked, clean, ordered and free from clutter. All of the instruments were pouched and it was obvious which items were new/single use. Appropriate personal protective equipment was available for staff and patient use. The practice followed infection control guidance when carrying out dental implant procedures. This included the use of sterile solution for irrigation, surgical drapes, clinical gowns and ensuring instruments were reprocessed in a vacuum type autoclave.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings). The method described by the nurse was in line with current HTM 01 05 guidelines. The dental nurse also carried out regular microbiological tests of the water lines to check if there was any overgrowth of Legionella bacteria. Results of the tests we observed showed that this was not the case. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice had a separate decontamination room for instrument processing. This room was organised, clean, and tidy and clutter free. Dedicated hand washing facilities were available in this room. The dental nurse described to us the decontamination process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual decontamination followed by placement in an ultrasonic cleaning bath for the initial cleaning process, following inspection they were placed in an autoclave (a machine used to sterilise instruments). When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines. 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.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove dental waste

Are services safe?

from the practice. Patients could be assured that they were protected from the risk of infection from contaminated dental waste. We observed that sharps containers were properly maintained and was in accordance with current guidelines. The practice sharps injury protocol was clearly understood when talking with the dental nurse and the practice used needle guards when recapping used local anaesthetic syringe needles to prevent contaminated sharps injuries. These measures satisfied the current European Union directive on safer sharps usage.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example the four X-ray sets had been tested and calibrated in June 2014 which was in line with the recommended time interval of three years between routine maintenance inspections.

A comprehensive recording system was available for the prescribing and recording of medicines used for sedation. We reviewed two randomly chosen patient dental care records where sedation had been carried out. Details included the sedative medicine used, the expiry date, batch number, time of administration and amount used were recorded on a separate intravenous sedation procedural record card for each patient. A reversal medicine was also present in the event of an emergency where the effects of sedation may need to be quickly reversed. The practice used a robust system of stock control for the medicines used in intravenous sedation which was demonstrated to us. Prescription pads were stored securely to prevent incidents of prescription fraud and theft. The batch numbers and expiry dates for local anaesthetics were always recorded in the sample of dental care records we reviewed. We also found that medicines for emergency use were available, in date and stored correctly.

Radiography (X-rays)

We were shown systems and processes that were in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This included the names of the Radiation Protection Advisor. The Radiation Protection Supervisor at the time of our visit was the locum dentist There was also a copy of the local rules and the necessary documentation pertaining to the maintenance of the X-ray equipment. The maintenance logs were within the current recommended interval of 3 years. A copy of an X-ray audit was also available for inspection. A sample of dental care records showed that each time a dental X-ray was taken a justification, brief report and a quality assessment score was recorded in the patient treatment record. These findings demonstrated the practice was acting in accordance with national X-ray guidelines and patients and staff were protected from unnecessary exposure to radiation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist we spoke with on the day of our visit was aware of various best practice guidelines. For example they were aware of National Institute for Health and Care Excellence (NICE) guidelines. He also explained to us that he used a risk based assessment when setting patients' dental recall intervals using NICE recall guidance. Dental care records we sampled showed that dentist assessed patient's risks in relation to dental decay, gum disease and motivation and set the recall interval accordingly in discussion with patients. The dentist was also aware of various Faculty of General Dental Practice Guidelines. This included guidelines in relation to selection criteria for dental X-rays, antibiotic prescribing and clinical examination and record keeping.

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines. A dentist we spoke with described how they carried out their assessment. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and any signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options were explained.

Where relevant, preventative dental information was given in order to improve the outcomes for patients. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. Each patient's dental care record was updated with the proposed treatment after a discussion of options. A treatment plan was then produced which included the costs involved. Follow-up appointments were scheduled in line with patients' individual requirements.

A review of a sample of dental care records showed that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).These were carried out where appropriate during a dental health assessment.

Prior to undergoing intra venous sedation, patients had important safety checks carried out. These included a medical history, height, weight and blood pressure. These checks were to determine if each patient was suitable to undergo this type of procedure. The records we viewed demonstrated that observation checks were recorded at regular intervals during the procedure. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood. This was carried out using a specialised piece of equipment known as a pulse oximeter which measured not only the patient's heart rate, oxygen saturation of the blood but also blood pressure. This information was recorded on forms which had been developed by the provider. These checks were in line with current good practice guidelines demonstrating that sedation was carried out in a safe and effective way.

Health promotion & prevention

The practice promoted the maintenance or good oral health as part of their overall philosophy and had considered the Department of Health publication 'Delivering Better Oral Health; a toolkit for prevention' when providing preventive oral health care and advice to patients.

Information available at the practice promoted good oral and general health. This included information on healthy mouths and smoking cessation. The practice also promoted flu vaccinations for those who may be susceptible by advising people to contact their doctor for further information.

The practice manager told us the practice was working with the local oral health promotion team to develop more collaborative ways of working in order to promote good oral health.

The dentists and dental nurse told us patients were given advice appropriate to their individual needs such as smoking cessation or dietary advice.

Staffing

There was a comprehensive induction programme for staff to follow which ensured they were skilled and competent in

Are services effective?

(for example, treatment is effective)

delivering safe and effective care and support to patients. Staff spoke with confidence and clarity demonstrating to us the effectiveness of the induction training they had received. Staff had undertaken further training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council (GDC). This included areas such as responding to medical emergencies and infection control and prevention.

There was an appraisal system in place which was used to identify training and development needs. Staff told us they had found this to be a useful and worthwhile process. The practice management team told us this helped them to support staff to create individual personal development plans.

Working with other services

The dentists we spoke with referred patients to other practices or specialists if the treatment required was not provided by the practice. 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. A referral letter was then prepared and sent to the practice with full details of the consultation and the type of treatment required. When the patient had received their treatment they would be discharged back to the practice for further follow-up and monitoring. Referrals when required were made to other dental specialists. The practice used written templates for patients requiring specialist care for orthodontics, restorative dentistry and special care dentistry for those patients presenting with special needs.

Consent to care and treatment

Dentists we spoke with had a clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient. Staff stressed to us the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options.

A dentist explained how they would obtain consent from a patient who suffered with any mental impairment which may mean that they might be unable to fully understand the implications of their treatment. He explained if there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. He explained that they would involve relatives and carers to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting area and we saw that doors were closed at all times patients were with dentists. Conversations between patients and dentists could not be heard from outside the rooms which protected patient's privacy. Patients' dental care records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable metal filing cabinets. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

The practice kept colouring books in the reception area to give to children who attended the practice.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients which detailed treatment options and costs. The dentists we spoke with paid particular attention to patient involvement when developing individual treatment plans. We reviewed two dental care records where sedation had been provided. The dentist had recorded their discussion with patients about their treatment options available. A poster was displayed in the waiting area which gave details of the cost of treatment and entitlements under NHS regulations.

New patients to the practice were offered a 'goody bag' which contained free samples of toothpaste as well as information about the practice and the services it offered.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Staff reported (and we saw from the appointment book) the practice scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel under pressure to complete procedures and always had enough time available to prepare for each patient.

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

Tackling inequity and promoting equality

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 many different backgrounds, cultures and religions. They would encourage a relative or friend to attend who could translate or if not they would contact a translator.

The practice was accessible to people using wheelchairs. A disabled parking space was available outside the practice close to the entrance. The practice had installed a ramp and a hearing induction loop to facilitate access for patients with limited mobility or hearing.

Access to the service

We asked the receptionist how patients were able to access care in an emergency or outside of normal opening hours. They told us an answer phone message detailed how to access out of hours emergency treatment. Each day the practice was open, emergency treatment slots were made available for people with urgent dental needs. Staff told us patients requiring emergency care during practice opening hours were always seen the same day.

Concerns & complaints

There was a complaints policy which provided staff with information about handling formal and informal complaints from patients.

Information for patients about how to make a complaint was available in the practice reception area. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their 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. The practice team discussed any complaints received in order to learn and improve the quality of service provided.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning. A 'general procedures manual' was available for all staff to read on induction and subsequently when required. The practice management team ensured this was regularly reviewed and updated. The practice manager 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.

Leadership, openness and transparency

It was apparent through our discussions with the locum dentist at the practice that the practice set standards and ensured they were maintained. It was apparent that the patient was at the heart of the practice with the dentists adopting a holistic approach to patient care. We found staff to be hard working, caring and committed to the work they did. The locum dentist spoke with passion about their work and was proud of the care that they provided. We saw this ethos was transmitted to the practice team.

Learning and improvement

The practice carried out regular audits every six months on infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit undertaken in June 2015 indicated the facilities and management of decontamination and infection control were managed well.

X-ray audits were carried out regularly. The audits demonstrated a full process where the results had been analysed and any improvement actions identified.

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

There was a patient survey system in place to act upon comments and suggestions received from people using the service. We reviewed a random recent sample of patient surveys which demonstrated patients were generally very satisfied with the level of service they had received. Comments included that practice staff were always welcoming, helpful and polite.

There were regular monthly staff meetings. Areas for discussion included health and safety, infection control and quality assurance. Staff members told us they found these were a useful opportunity to share ideas and experiences which were always listened to and acted upon. Minutes from these meetings were distributed to staff to promote any learning or action points needed. Staff also had daily morning meetings to ensure they were prepared for the day ahead. For example, if a patient was due to attend that may require extra care and support such as the wheelchair ramp.

The practice had made a number of changes in response to feedback received from patients. This included the introduction of a text or email reminder service in accordance with each patient's preference.