Ivory Dental Clinic

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Inspection Report

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Overall summary

We carried out this unannounced inspection of Ivory Dental Clinic on 1 June 2017 under Section 60 of the Health and Social Care Act 2008. We undertook the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. A CQC inspector, who was supported by a dental adviser, led the inspection.

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 form the framework for the areas we look at during the inspection.

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

Ivory Dental Clinic is a well-established practice based in Welwyn Garden City centre that provides both NHS and private dentistry to patients of all ages. The dental team includes two dentists, two dental nurses, two hygienists and a practice manager. A dentist with a special interest in endodontics visits one a week, and there is also a visiting dentist who provides implants to patients.

The practice operates from the same premises as Ivory Dental and Implant Clinic and both share computer software, decontamination facilities, and a number of running costs, including utility bills. They also have a shared contract to provide NHS dental care.

The practice has three treatment rooms and is open on Mondays to Fridays between 9am and 5pm.

There is level access for people who use wheelchairs, ground floor treatment rooms and fully assisted toilet facilities.

Summary of findings

The registered manager at Ivory Dental Clinic is the practice manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with one visiting dentist, a dental nurse and the practice manager. We looked at the practice's policies and procedures, and other records about how the service was managed.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- The practice did not have access to an automated external defibrillator and the medical oxygen available on the premises was out of date.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

There were areas where the provider could make improvements. They should:

- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Review availability of medicines and equipment to manage medical emergencies taking into account guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

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?

No action

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

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns. Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

There were suitable arrangements for dealing with medical and other emergencies. However, the practice did not have access to an automated external defibrillator and the medical oxygen available on the premises was out of date.

Are services effective?

No action

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Staff were up to date with essential training and there were enough of them for the smooth running of the practice.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Are services caring?

No action

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

Staff gave us specific examples of when they had gone out their way to assist patients.

We saw that staff protected patients' privacy and were aware of the importance of handling information about them confidentially.

Are services responsive to people's needs?

No action

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Summary of findings

Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action 

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. The practice manager showed us a number of detailed incident report forms that she had completed recently.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. Staff were aware of recent alerts affecting dental practice.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training and the practice manager was the appointed lead for dealing with any concerns.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which the practice manager reviewed every year. The practice was moving towards safer sharps systems and used disposable matrix bands, and only the dentist handled sharps. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Medical simulations were practiced at staff meetings twice a year and staff kept out of date medicines to use on these days.

Both practices shared the medical emergency equipment and emergency medicines. However, there was some dispute between them as to ownership of the equipment and emergency drugs and who was therefore responsible for it. The dentist at the other practice told us they owned half of the equipment, whilst staff at this practice told us it was entirely theirs. We noted there was no child's bag valve mask available and both oxygen cylinders were out of date.

Emergency medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. However these checks had not been effective in identifying the out of date oxygen cylinders.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. The practice manager told us that the most recently recruited member of staff had been interview by herself and both principal dentists, using standardised interview questions to ensure consistency.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Staff had received a Disclosure and Barring Service (DBS) check to ensure they were suitable for working with children and vulnerable patients.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. We noted however that the practice was not carrying out fire evacuations as recommended in its risk assessment, although the practice manager assured us evacuation rehearsal would be organised. The practice manager undertook a weekly recorded walk about the practice to check the premises were safe

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05:

Are services safe?

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

We checked treatment rooms and surfaces including walls, floors and cupboard doors were free from dust and visible dirt. The rooms had sealed work surfaces so they could be cleaned easily. Staff's uniforms were clean, and their arms were bare below the elbows to reduce the risk of cross contamination. The practice carried out infection prevention and control audits, although this was not as frequently as recommended. The latest audit in July 2016 showed the practice was meeting the required standards.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05, although staff did not wear aprons when decontaminating instruments. The decontamination facility was shared between the two practices and it was unclear who had overall responsibility for validating the equipment. Relations between staff at each practice had broken down in recent months and because of this, information from the autoclave's data logger was not being downloaded for monitoring purposes.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

Equipment and medicines

We saw servicing documentation for the equipment used and staff carried out checks in line with the manufacturers' recommendations. The practice kept glucagon in a fridge; however the temperature of the fridge was not monitored to ensure it operated effectively.

The practice stored and kept records of NHS prescriptions as described in current guidance. The practice did not undertake antimicrobial prescribing audits as recommended to monitor their use.

Radiography (X-rays)

Paperwork in relation to radiography had not been updated since one of the dentists had left to form his own practice on the same shared premises. It was not clear if the Health and Safety Executive had been informed of this change, or how the two practices took responsibility for the equipment. It was not clear from the paperwork we viewed who the radiation protection supervisor was. The practice's X-ray equipment had been purchased new in 2015, although no critical and acceptance tests were available for us to view on site. The practice manager assured us she would chase up these documents immediately.

The practice manager carried out X-ray audits every year following current guidance and legislation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

It was only possible for us to view the clinical records of the visiting specialist but we found that they fully assessed patients' needs and provided treatment in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

There was a selection of dental products for sale and free samples of toothpaste available to patients. The practice manager was an oral health educator, and told us she regularly offered additional advice to children and patients about tooth brushing techniques and diet. She had also provided oral health education sessions to pupils in a local nursery school. The practice attended a local Christmas fair to promote its service, and oral health in general.

Staffing

Staff told us there were enough of them for the smooth running of the practice. A locum nurse was available if needed to cover any vacant shifts. A dental nurse always worked with the dentists, however the hygienists at the practice worked alone.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council and the practice manager monitored this. Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals which covered staff's performance, job satisfaction and career development.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We viewed letters from patients praising staff for their caring and empathetic attitude. Patients were called though from the waiting room personally by the dentists themselves and the practice manager told us that nurses were always introduced to the patients. Staff gave us specific examples of where they had supported patients. For example, they had delivered dentures to a lab personally for a patient who needed them urgently; given patients a lift home, ordered taxis and ensured one unwell patient had made it safely to a local GP surgery.

The layout of reception and waiting area did not provide much privacy when reception staff were dealing with patients. However, the practice manager told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it. .

Involvement in decisions about care and treatment

The visiting dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. The practice's website provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was easily accessible in the middle of the town centre and easily accessible by a number of transport links. The waiting area provided good facilities for patients including interesting magazines and leaflets about various oral health conditions and treatments.

The practice had its own website that provided good information to patients about the services it offered and its staff.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included level access entry, widened doors, downstairs treatment rooms and an accessible toilet with hand rails and a call bell. The practice had detailed information on how it would support patients with a range of disabilities, although it did not have a hearing loop to assist those who wore hearing aids. The practice manager told us that information about the practice could be provided in large print if needed.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

The practice was committed to seeing patients experiencing pain on the same day and kept two appointment slots free for same day appointments. The practice manager told us that any patient experiencing dental pain would be seen the same day, even if all the emergency slots were full.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. Details of the procedure were available by reception, in the practice information leaflet and on the website, making them easily available to patients. Information was available about other organisations patients could contact if they wanted support or were not satisfied with the way the practice dealt with their concerns.

We viewed the details of one recent complaint and found it had been dealt with in professional and timely manner.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service. She was an experienced dental nurse and had also undertaken specific training in dental management. The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

Communication across the practice was structured around monthly practice meetings that all staff attended. Management meetings were also held weekly between the practice manager and principal dentists.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

We were told that professional relationships with staff at the other practice based at the same premises had completely broken down to the extent that staff now refused to communicate with one another. As a result, it was not always clear which practice had responsibility and accountability for some governance procedures such as checking emergency equipment, downloading information form the data loggers and completing risk assessments. Staff from both practices told us that patients had picked up on the hostility between them.

Leadership, openness and transparency

The practice manager was aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong. The practice manager told us she had recently attended training which had included information about this issue.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

All staff, including the dentists, had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff files we viewed showed that they had completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys to obtain patients' views about the service. These asked patients if they were happy with their treatment and what the practice could improve on. In addition to this, every six months a survey was sent to 30 patients of each dentist to ask them how long they had waited, if they had received a good explanation of their treatment and their opinion of the quality of the treatment.

The results were monitored closely by the practice manager and used to improve the service.

The practice also listened to its staff and implemented their suggestions. For example, staff's suggestion to update the post-extraction information leaflet given to patients had been implemented. Another member of staff had put together an extensive guide to endodontic nursing, which was now used by other nurses within the practice.