Orviol Ltd

Progressive Dentistry

Inspection Report

34 Fulham High St
Fulham
SW6 3LQ

Tel:020 7731 1162
Website:www.progressivedentistry.co.uk

Date of inspection visit: 26th June 2015
Date of publication: 06/08/2015

Overall summary

We carried out an announced comprehensive inspection on 26 June 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.

Progressive Care is located in the London Borough of Hammersmith and Fulham and provides only private dental services.

The demographics of the practice was mainly working professionals. The practice opening hours are: Monday 9am - 5.30pm, Tuesday 8am - 4pm, Wednesday 10am - 7pm, Thursday 9am - 5.30pm, Friday 9am - 3pm and Saturday 9am - 1pm.

Facilities within the practice include two surgeries, a dedicated decontamination area, and a reception area.

The staff structure of the practice is comprised of a principal dentist (who is also the owner), a dental nurses and the practice manager.

The practice manager was 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 undertaken by a Care Quality Commission (CQC)

Summary of findings

inspector and dental specialist adviser. We spoke with staff and reviewed policies and procedures and dental records. We spoke with four patients and received 12 CQC comment cards completed by patients

Our key findings were:

- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients were involved in their care and treatment planning.
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Patients we spoke with and CQC comment cards we received told us that staff were caring and treated them with dignity and respect.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.
- There was a clear vision for the practice and governance arrangements were in place for the smooth running of the practice.

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

- Maintain accurate, complete and detailed records relating to employment of staff. This includes keeping appropriate records of references taken.
- Include details of the local safeguarding team in the safeguarding policy.
- Review infection control procedures in regards to conducting Legionella risk assessments and validating the ultrasonic cleaner, giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'
- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.

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 the practice was providing safe care in accordance with the relevant regulations.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and adults from abuse, maintaining the required standards of infection prevention control and maintenance of equipment used at the practice. The practice assessed risks to patients and managed these well. We found that staff were trained and there was equipment to respond to medical emergencies though staff did not have access to an automated external defibrillator (AED). In the event of an incident or accident occurring, the practice documented, investigated and learnt from it. The practice followed procedures for the safe recruitment of staff, this included carrying out Disclosure and Barring Service, checks and obtaining two references; though in two cases we found that references that had been obtained verbally had not been documented.

Are services effective?

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

The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) for example, in regards to dental recall intervals. Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's medical and oral health.

Staff were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice.

Are services caring?

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

The patients we spoke with and CQC comment cards were very positive about the service provided by the practice. We found that patient records were stored securely. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality.

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 at the practice, emergency appointments were available and the practice had clear instructions for patients requiring urgent dental care when the practice was closed. The feedback forms we received from patients confirmed that they felt they could get appointments when they needed them. There was a complaints policy which was made available to people via the practice website. The building was accessible to people in wheelchairs.

Are services well-led?

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

Summary of findings

There was a clear vision for the practice that was shared with the staff. There were regular meetings where staff were given the opportunity to give their views of the service. There were good governance arrangements and an effective management structure. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery.

Progressive Dentistry

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection on 26th June 2015. This inspection was carried out by a CQC Inspector and a specialist advisor.

We informed the NHS England local area team that we were inspecting the practice and did not receive any information of concern from them. The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

We spoke with four patients on the day of the inspection and received 12 CQC comment cards completed by patients prior to the inspection. We also spoke with three members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 processes around reporting and discussion of incidents. Staff described the type of incidents that would be recorded and the incident logging process. There had been two incidents in the past 12 months. They had been logged and dealt with appropriately. The practice manager told us incidents had been informally discussed at the practice though they could not provide evidence of how they had learnt from incidents,

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. The practice had not had any RIDDOR incidents over the past 12 months.

Reliable safety systems and processes (including safeguarding)

Staff told us they knew who to go to if they had a safeguarding concern. The practice had safeguarding policies for adults and children. The policies included procedures for reporting safeguarding concerns and contact information for the local safeguarding teams. Staff we spoke with had completed safeguarding training and were able to explain their understanding of safeguarding issues; however we found that the policy did not contain details of the local authority's safeguarding team. The practice had not had any situations which they had needed to refer for consideration by safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. For example they had infection control, and health and safety policies, and had carried out risk assessments. Staff had received training for responding to sharps injuries (needles and sharp instruments).

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental records contained patient's medical history that was obtained when people first signed up at the practice and was updated every time patients visited the practice for a check-up or treatment. The dental records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient. For example, they contained details of any conditions that the patience had.

The practice followed national guidelines such as use of a rubber dam for root canal treatments. [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]

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included Cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment. We

checked the medicines and we found that all the medicines were within their expiry date. The emergency equipment included oxygen. However we found they did not have an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. [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)]. The principal dentist told us that the practice was located near two hospitals and practice staff had been instructed to call 999 if a patient required resuscitation.

Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, follow up two references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service

(DBS) check. We saw that the provider had carried out checks for staff who worked in the practice. However, we found that there were no documented records of verbal references taken up for staff who worked at the practice. The principal dentist told us that they had obtained verbal references for these staff members, but this had not been documented.

Monitoring health & safety and responding to risk

Are services safe?

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety policy was in place. The practice had a risk management process which was continually being updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for fire safety and environmental building issues. The assessments were reviewed annually and included the controls and actions to manage risks.

The practice had a business continuity plan to deal with emergencies that could disrupt the safe and smooth running of the service. The plan covered what to do in the event of a problem with the building the practice was based in, fire and staffing issues. The plan included contact details of who to contact in the event of an incident that affected the continuity of the business.

Infection control

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included hand hygiene policy, clinical waste management and personal protective equipment. In addition to this there was a copy of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices guidance from the Department of Health, for guidance. The principal dentist was the infection control lead.

There was a separate area for the decontamination of instruments sectioned off in one of the surgeries. There was a flow from dirty to clean areas to minimise the risks of cross contamination. Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery and using an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping.

We saw that daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively. We saw however that the ultrasonic cleaner had not been validated or tested. Ultra sonics need a robust system of validation and a recording system of its processes to be compliant to HTM 01-05 Essential quality requirements.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and collected every two weeks by a clinical waste contractor.

The surgery was visibly clean and tidy. There were stocks of PPE (personal protective equipment) for both staff and patients such as gloves and aprons. We saw that staff wore appropriate PPE, and the infection lead nurse carried out regular checks on this. Hand washing solution was available. However, we found that a Legionella risk assessment had not been completed since the practice was registered in February 2015 and we did not find any immediate plans in place to carry out an assessment.

There was a cleaning plan, schedule and checklist, which we saw were completed. Cleaning equipment and materials were stored appropriately in line with Control of Substances Hazardous to Health 2002 (COSHH) regulations..

Equipment and medicines

We found that most of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety.

The practice had clear guidance regarding the prescribing, recording, dispensing, use and stock control of the medicines used in the practice. The systems we reviewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given their medicines as recorded. The medicines stored at the practice were those found in the medical emergency box. All prescriptions were completed using an electronic system.

Radiography (X-rays)

The principal dentist was the radiation protection supervisor (RPS). An external advisor covered the role of radiation protection adviser. The practice had records in their radiation protection file demonstrating maintenance

Are services safe?

of x-ray equipment. We saw that local rules were displayed in both surgeries. All clinical staff had received radiation training. However we found that the practice had not recorded justification, diagnosis and quality of radiographs.

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 legislation. This included following the National Institute for Health and Care Excellence (NICE), for example in regards to dental recalls and wisdom teeth. The practice staff were aware of the Delivering Better Oral Health Tool-kit when considering care and advice for patients. '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.

We reviewed ten medical records and saw evidence of comprehensive assessments that were individualised. This included having an up to date medical history (which was reviewed at each visit), details of the reason for visit (i.e. new patient or presenting complaint) and a full clinical assessment with an extra and intra oral examination. 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. Information about the costs of treatment and treatment options available were also given to patients.

Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking and alcohol intake. Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive care advice on tooth brushing and oral health instructions as well as smoking cessation, fluoride application, alcohol use, and dietary advice.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. This was to ensure that patients received high quality care as a result. The practice used a variety of ways to ensure development and learning was undertaken including both in-house and external training. Examples of staff training included core issues such as health and safety, safeguarding, medical emergencies, infection control and basic first aid. We reviewed the system in place for recording training that had been attended by staff working within the practice. We saw that the practice maintained a matrix that detailed training undertaken and highlighted training that staff needed to undertake. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations and treatment. The practice completed referral forms or letters to ensure the specialist service had all the relevant information required. Dental care records we looked at contained details of the referrals made and the outcome that came back from the referrals that were made.

Consent to care and treatment

The provider had a consent policy. The policy outlined how consent was obtained. This included implied, verbal and in some cases written consent. The dentist explained that generally consent was implied by the patient attending the appointment and sitting in the chair. In some instances consent was documented in the treatment plan, for example in the event of a complex, long treatment case. Written consent, via a standard consent form was always obtained for significant treatments.

Staff demonstrated an awareness and understanding of The Mental Capacity Act 2005. Staff were able to describe what they would do if they were dealing with a person who lacked capacity. We saw that staff had received training on the requirements of the Mental Capacity Act in 2014. 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 12 completed CQC comment cards and spoke to four people. All the feedback we received was positive. Staff were described as kind, caring and helpful. Patients said staff treated them with dignity and respect during consultations.

We observed interaction with patients and saw that staff interacted well with patient speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

We saw that the practice had a website that included information about dental care and treatments, costs and opening times. The website also contained the contact number for emergency dental care if required.

The patients who gave us feedback said that they felt involved in decisions about their care and understood treatment that they received at the practice.

Staff told us that treatments, risks and benefits were discussed with each patient to ensure the patients understood what treatment was available so they were able to make an informed choice. The dentist told us they would explain procedures to patients using aids such as mirrors and computer screens where necessary. Patients were then able to decide which treatment option they wanted.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see a dentist. The feedback forms we received from patients confirmed that they felt they could get appointments when they needed them.

There were vacant appointment slots to accommodate urgent or emergency appointments. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services that included access to telephone translation services. The building was accessible to people in wheelchairs.

Staff were able to describe to us how they had supported patients with additional needs for example staff explained how they would allow a longer appointment time for people with certain disabilities.

Access to the service

The practice displayed its opening hours on the practice website. The practice had clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were on the telephone answering machine, as well as being on their website. CQC comment cards we reviewed showed patients felt they had good access to the service.

Concerns & complaints

The practice had effective arrangements in place for handling complaints. The policy outlined how staff should deal with complaints including response times and what patients needed to do if patients wanted to escalate complaint's to the principal dentist. The complaints procedure was made available on the practice's website. The website also contained details of external organisations patients could contact if they were not happy with the practice complaints procedure. This included the Dental Complaints Service and the General Dental Council.

The practice had not received any complaints since it was registered with the Care Quality Commission in February 2015.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, complaints and consent policy. Staff told us they felt supported and were clear about their areas of responsibility.

Staff meetings were held bi- monthly to discuss issues in the practice and update on things affecting the practice. For example we saw that the local rules for radiography were discussed at one practice meeting.

Dental care records we reviewed were stored as paper-based records and computerised. The records were complete, legible and accurate and stored securely in a locked room and on computers that were password protected.

The undertook quality audits at the practice. This included audits on health and safety and clinical records. We saw that action plans had been drafted following audits and actions taken as necessary. For example we saw that an April 2015 audit of 15 random records had been undertaken and results discussed with the staff. However, we found that infection control audits had not been carried out since the practice's registration with the CQC.

Leadership, openness and transparency

Staff said they felt the leadership of the organisation was open and created an atmosphere where all staff felt included. They described the culture encouraged candour, openness and honesty. We saw from minutes that team meetings were held regularly. The meetings covered a range of issues including complaints and infection control and training. Staff told us they had the opportunity and were happy to raise issues at any time.

Management lead through learning and improvement

Staff told us they had good access to training. The practice manger monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

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

The practice had a system in place to gather feedback from patients through their website. The practice manager was able to explain that the system involved discussing any feedback received at practice meetings.