

A3 Medical Limited

A3 Dental

Inspection Report

46 Harley St

London

W1G 9PT

Tel: 020 7424 8886

Website: <http://a3dental.co.uk/>

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Overall summary

We carried out an announced comprehensive inspection on 21 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 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

A3 Dental is located in the London borough of Westminster and mainly provides dental implant treatment to patients who specifically need this service.

The staff structure of the practice comprises of nine dentists, five dental nurses, a receptionists and a practice manager.

The premises consists of two treatment rooms, a dedicated decontamination room, a waiting area and an Orthopantomogram (OPG) room. An OPG (or orthopantomogram) is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth. It is normally a 2-dimensional representation of these. The practice opening hours were 8am-6.00pm Monday to Friday and 9am-4pm Saturdays.

The provider who owned the practice 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 carried out by a lead inspector and a dental specialist advisor.

Before the inspection we sent Care Quality Commission (CQC) comment cards to the practice for patients to complete to tell us about their experience of the practice. We received 30 completed cards and spoke with four

Summary of findings

patients on the day of the inspection. The feedback we received from patients gave a positive view of the services the practice provides. All of the patients commented that the quality of care was good.

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 current 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 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.
- Governance arrangements were in place and there was a clear vision for the smooth running of the practice.

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

- Review recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Review the practice's protocols for medicines management and ensure all medicines are stored safely and securely.

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.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and vulnerable adults from abuse, maintaining the required standards of infection prevention and 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 appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice had a system in place to document, investigate and learn from it. The practice followed procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining references. However, improvements could be made in the process of recording references.

Are services effective?

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

The practice followed guidance, such as that 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. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation advice.

Staff were supported by the practice in maintaining their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

The patients we spoke with and CQC comment cards we received were very positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely, and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients had good access to routine and urgent appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. There was a complaints policy clearly publicised in the reception area. We saw that the practice responded to complaints in line with the complaints policy. Patients were given the opportunity to give feedback through the practice website and regular surveys of patients. There were arrangements to meet the needs of people whose first language was not English.

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 good governance arrangements and an effective management structure. There were regular meetings where staff were given the opportunity to give their views of the service. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. Patients were given the opportunity to provide feedback about the practice.

A3 Dental

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 21 December 2015. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

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 received 30 CQC completed by patients and spoke with four patients. We also spoke with four 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 suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. Staff told us this would mainly be through discussion at team meetings. Staff were able to describe the incident logging process and the type of incidents that would be recorded. There had been two incidents over the past 12 months and they had been dealt with appropriately.

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. There had been no RIDDOR incidents over the past 12 months. Staff understood the importance of the Duty of Candour and the need to inform the appropriate bodies and patients effected of any relevant incidents [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity]

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had a safeguarding policy. The policy included details of how to spot signs of abuse and included contact information for the local authority's safeguarding teams. The policy had last been reviewed in 2015 and was scheduled to be reviewed again in 2016. Staff had completed safeguarding training that was updated on a regular basis. They were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. Contact details of the local safeguarding team were displayed in the staff office. There had been no safeguarding incident that needed to be referred to the local safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having infection control protocols, a safe sharps policy, a fire policy, procedures for using equipment safely, health and safety procedures and risk assessments. Risk

assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with fire, health and safety, radiation and use of equipment.

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. During the course of our inspection we checked dental care records to confirm the findings. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated if they returned for further treatments. The dental care 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 allergies patients had.

The practice followed national guidelines such as use of a rubber dams for restorative 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 in line with Resuscitation Council UK and British National Formulary guidance. The kit contained the recommended medicines. We checked the medicines that were in the kit and we found that all the medicines were within their expiry date. The emergency equipment included oxygen and 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).

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, proof of identification, check the authenticity of qualifications, obtain references, including one from the most recent employer, and complete an up to date Disclosure and

Are services safe?

Barring Service (DBS) checks. We saw that the provider had satisfactorily carried out the necessary required checks for staff who worked in the practice. However, we found that the practice did not always maintain accurate, complete and detailed records relating to employment of staff. For example we found no references in four of the records of clinical staff that we reviewed. We were advised that the practice had obtained verbal references but had not recorded it.

Monitoring health & safety and responding to risks

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 updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, use of equipment, radiation and infection control. The assessments included the controls and actions to manage risks. For example a 2015 risk assessment for the use of equipment had said staff should regularly do a visual check of plugs and staff we spoke with told us this was done.

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 issues such as interruption to utility provision, fire and other emergency situations. For example the plan detailed arrangements that had been put in place for electronic records to be backed up by another office owned by the same provider.

Infection control

The lead dental nurse was the infection control lead. The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included details of procedures for hand hygiene, clinical waste management and personal protective equipment. 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.

There was a separate room for the decontamination of instruments. There was a clear 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, cleaning instruments suitably and using an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave and cleaning; pouching and then date stamping.

We saw that daily, weekly and monthly checks were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively.

We saw evidence that staff had been vaccinated against Hepatitis B (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections). There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately. The bins were collected every day by a clinical waste contractor.

The surgery was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE. Hand washing solution was available.

A Legionella risk assessment had been completed in 2011 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The practice had carried out another Legionella risk assessment in 2015. The practice used distilled water in all dental lines. The water lines were flushed daily and weekly. .

There was a cleaning plan, schedule and checklist, which was regularly checked by the practice staff.

Equipment and medicines

We found the equipment used in the practice was maintained in accordance with the manufacturers' 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). All the equipment at the practice had annual maintenance checks.

Are services safe?

The practice had clear guidance regarding prescribing medicines. Medicines were stored in a cupboard in the decontamination room. The cupboard was not secure and the decontamination room was accessible to unauthorised persons.

Radiography (X-rays)

One of the dentists was the Radiation Protection Supervisor (RPS) and an external organisation covered the

role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file. Evidence was seen of radiation training for staff undertaking X-rays. X-rays were graded and audited as they were taken. A comprehensive radiograph audit had been carried out in June 2015.

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) guidance, for example in regards to the use of antibiotics. The practice staff also showed awareness of the Delivering Better Oral Health Tool-kit. '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.

During the course of our inspection we spoke with a dentist and checked dental care records to confirm the findings. We saw evidence of comprehensive detailed assessments that were individualised. This included having 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 and made available in the reception area.

Health promotion & prevention

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 fluoride application and dietary advice. We saw that leaflets on oral health were available in the reception area.

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. Examples of staff training included core issues such as health and safety,

safeguarding, medical emergencies and infection control. 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 records that detailed the 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. Most referrals were to dentists at other locations who worked for the same provider. Referrals were also made to local hospitals for complex oral surgery. Dental care records we looked at contained details of the referrals made and the outcome from the referrals that were made.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We reviewed 30 CQC comment cards and spoke with four patients. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment. This was confirmed when we checked dental care records and noted evidence that dentists discussed treatment options including risks and benefits, as well as costs with patients.

Staff had received training on the Mental Capacity Act (MCA) 2005. (MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed 30 CQC comment cards and spoke with four patients. All the feedback we received was positive. Staff were described as caring and said they treated them with respect. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of fees. We also saw that the practice had a website that included information about dental care and treatments and costs.

We spoke with a dentist, a dental nurse and the receptionists on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. Staff told us that treatments, costs, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients, and that patients could generally book an appointment in good time to see a dentist. The comment cards we read and patients we spoke with confirmed that patients felt they could get appointments when they needed them. The answering machine had instructions for what patients should do in the event of an out of hours emergency. 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 manager told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. We asked how the practice would accommodate patients whose first language was not English. The practice manager told us staff at the practice spoke a number of other languages and were able to speak to some of the patients whose first language was not English.

Access to the service

Access to the service was via the telephone and the practice website. The practice manager told us that patients who required urgent treatment would ring and an appointment would be made for them, or a referral done to an alternative service when appropriate.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain was available in the reception area. The policy had last been reviewed in 2015 and was scheduled to be reviewed in 2016. There had been ten complaints logged in the last year, the majority of them related to cancellation fees; they had been dealt with in line with the advertised policy. The practice manager told us that staff in the provider customer service office that booked appointments had been instructed to ensure everyone who booked to make an appointment was clear about the cancellation fees, information about the fees was also contained in the information sent out to patients that booked appointments. The policy included contact details for external organisations such as the General Dental Council that patients could contact if they were not happy with the practice's response to a complaint.

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, employment policies and infection control. There was a clear management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility. Comprehensive risk assessments had been undertaken to cover various aspects of the service delivery.

Staff told us practice meetings were held regularly to discuss issues in the practice and update on things affecting the practice. We saw that these meetings were used as an opportunity to let staff know about the ongoing business of the practice. For example we saw that an incident that occurred had been discussed in a 2015 meeting to ensure learning from the incident was shared.

Hard copy records were stored in a locked cabinet and electronic records were password protected.

Leadership, openness and transparency

Staff we spoke with said they felt the owners of the practice were open and created an atmosphere where all staff felt included. Staff told us they were comfortable about raising concerns with the practice manager. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

The practice was also keen to ensure that all of their staff provided highly-skilled care. There was a system of periodic staff appraisals and supervision to support staff.

Learning and improvement

Staff told us they had good access to training. The practice manager monitored staff training to ensure essential training was completed each year. We saw that staff had regular appraisals where they had the opportunity to discuss training and development requirements. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as on dental care records, X-rays and patient satisfaction. We looked at a sample of these and found audits were being undertaken regularly and identifying issues to learn from. For example a patients waiting time audit had highlighted that improvements needed to be made in the scheduling of dentists' time to minimise delays to patients. We saw the practice had acted upon what had been identified in the audit. An exercise was undertaken to time the length of each type of treatment, rather than using an average appointment time, so that patients could be given a more accurate appointment time.

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

The practice had gathered feedback from patients through their own patient feedback surveys and through the practice website. For example the practice had asked patients during one survey if they would recommend the practice to friends and family and 100% of the respondents had said yes.