

Aestcom Limited

Aestcom - Harpenden

Inspection Report

Harpenden Smiles Dental Studio

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Overall summary

We carried out an announced comprehensive inspection on 18 March 2016 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.

Aestcom – Harpenden, known locally as Harpenden Smiles Dental Studio is a general dental practice in central Harpenden, Hertfordshire offering private dental treatment to adults and children.

The premises are located on the first floor above commercial premises two floors and consist of three treatment rooms, a reception area and a waiting area. There is also a designated decontamination area.

The staff at the practice consist of a practice manager, a principal dentist, three associate dentists, two trainee dental nurses and a dental hygienist/therapist. The principal dentist is the registered manager.

A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Our key findings were:

- There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients.

Summary of findings

- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- There were effective systems in place to reduce the risk and spread of infection. We found the treatment rooms and equipment were visibly clean.
- There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen cylinder and the X-ray equipment.
- We found the dentists regularly assessed each patient's gum health and took X-rays at appropriate intervals.
- The practice kept up to date with current guidelines when considering the care and treatment needs of patients.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment were readily available.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The appointment system met the needs of patients and waiting times were kept to a minimum.
- There was an effective complaints system and the practice was open and transparent with patients if a mistake had been made.
- 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.
- At our visit we observed staff were caring and professional.
- We received feedback from three patients who reported they received excellent care from dedicated and friendly staff in a relaxing environment.
- 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.
- The practice had promoted good oral health and developed links with the local community by sponsoring a local rugby team and participating in local community and charity events.

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

- Replace the clinical waste bin in the decontamination room in accordance with current guidance.
- Review the protocol for testing and validating the ultrasonic cleaning bath.
- Review the fire safety signage in the practice to ensure that staff and patients are clear about escape routes and where to assemble in the event of a fire.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems in place for the management of infection control, clinical waste segregation and disposal, management of medical emergencies and dental radiography. We found the equipment used in the practice was 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 adequate 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 focussed 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) training 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.

Patients told us they had positive experiences of dental care provided at the practice. Patients felt they were listened to and were involved with the discussion of their treatment options which included risks, benefits and costs. We observed the staff to be friendly and professional. Staff spoke with enthusiasm about their work and displayed a genuine empathy for patients.

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.

Are services well-led?

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

The dental practice had effective clinical governance and risk management structures in place and continually sought to develop and improve these. 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. They told us they felt well supported and able to raise any concerns where necessary. Staff told us they enjoyed working at the practice and would recommend it to a family member or friends.

Aestcom - Harpenden

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.

The inspection was carried out on 18 March 2016 by a CQC inspector and two dental specialist advisors. We reviewed information received from the provider prior to the inspection. On the day of our inspection we looked at practice policies and protocols, clinical patient records and

other records relating to the management of the service. We spoke with the principal dentist (who is also the registered manager), an associate dentist and a trainee dental nurse.

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?

This informed our view of the care provided and the management of the practice.

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 events.

Staff understood the process for accident and incident reporting including the Reporting of Injuries Disease 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)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority's safeguarding team, social services and other agencies including the Care Quality Commission. Staff had completed safeguarding training and demonstrated to us their knowledge of how to recognise the signs and symptoms of abuse and neglect. There was a documented reporting process available for staff to use if anyone made a disclosure to them. This included an identified practice safeguarding lead.

Staff demonstrated knowledge of the whistleblowing policy and were confident they would raise a concern about another staff member's performance if it was necessary.

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments). Only dentists were permitted to dispose of or re-sheath needles where necessary in order to minimise the risk of inoculation injuries to staff.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. This included an automatic external defibrillator (AED) and face masks for both adults and children. Oxygen and medicines for use in an emergency were available. Records completed showed regular checks were done to ensure the equipment and emergency medicines were safe to use.

Records showed staff regularly completed training in emergency resuscitation and basic life support including the use of the AED (this 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 we spoke with demonstrated they knew how to respond if a person suddenly became unwell.

Staff recruitment

There were effective recruitment and selection procedures in place. We reviewed the employment files for three 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 where required. 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 their professional registration with the General Dental Council (where required) and checks with the Disclosure and Barring Service had been carried out where appropriate. 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. The practice had undertaken a risk assessment for those staff for whom DBS checks are not a mandatory requirement in order to assess and mitigate the risks associated with staff members working with children and vulnerable adults.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We found the practice had been assessed for risk of fire in September 2015. Fire extinguishers had been recently serviced and staff demonstrated to us how to respond in the event of a fire. We observed there was limited fire safety signage and discussed this with the registered manager. They told us they would review their fire risk assessment to determine if further signage was required.

Are services safe?

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

We examined the facilities for cleaning and decontaminating dental instruments. The designated room was quite small and there was limited space to work. We observed the small pedal bin designated for clinical waste was not working effectively and a clinical waste bag had been hung over the edge of a drawer to keep it in place. We discussed this with the registered manager who agreed this was unacceptable and immediately rectified this.

A dental nurse showed us how instruments were decontaminated. They wore appropriate personal protective equipment (including heavy duty gloves and a mask) while instruments were decontaminated and rinsed prior to being placed in an autoclave (a device for sterilising dental and medical instruments).

We saw instruments were placed in pouches after sterilisation and dated to indicate when they should be reprocessed if left unused. We found daily, weekly and monthly tests were performed to check the steriliser was working efficiently and a log was kept of the results. We saw evidence the parameters (temperature and pressure) were regularly checked to ensure equipment was working efficiently in between service checks.

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

We looked at the treatment rooms where patients were examined and treated. The rooms and equipment appeared visibly clean. Hand washing posters were displayed next to each dedicated hand wash sink to ensure effective decontamination. Patients were given a protective bib and safety glasses to wear each time they attended for treatment. There were good supplies of protective equipment for patients and staff members.

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

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

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the dental air compressor, autoclaves, fire extinguishers, oxygen cylinder and the X-ray equipment. We were shown the annual servicing certificates. However, when we were shown the regular testing log for the ultrasonic cleaning bath we had concerns about the reliability of the foil tests. We found although staff had been trained in how to carry out this test, they had not received training in how to read the results. There was also no documented protocol for staff members to follow. We discussed this with the registered manager who resolved to address this.

Are services safe?

An effective system was in place for the prescribing, use and stock control of the medicines used in clinical practice such as local anaesthetics. These medicines were stored safely for the protection of patients. Private prescriptions were drafted electronically and printed for issue to patients.

Radiography (X-rays)

We checked the provider's radiation protection records as X-rays were taken and developed at the practice. We also

looked at X-ray equipment at the practice and talked with staff about its use. We found there were suitable arrangements in place to ensure the safety of the equipment. We saw local rules relating to each X-ray machine were available.

We found procedures and equipment had been assessed by an independent expert within the recommended timescales. The practice had a radiation protection adviser and had appointed a radiation protection supervisor.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for people using best practice

The dentists told us they regularly assessed each patient's gum health and took X-rays at appropriate intervals. We asked the dentists to show us some dental care records which reflected this. Records showed an examination of a patient's soft tissues (including lips, tongue and palate) had been carried out and dentists had recorded details of the condition of patients' gums using the basic periodontal examination (BPE) scores. (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). In addition they recorded details of treatment options offered to or discussed with patients as well as the justification, findings and quality assurance of X-ray images taken.

The practice kept up to date with other current guidelines and research in order to develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to wisdom teeth removal and in deciding when to recall patients for examination and review.

The practice held regular meetings to discuss ways in which they could improve the care and treatment offered to patients.

Health promotion & prevention

The practice promoted the maintenance of 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.

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

Staffing

There was a comprehensive induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. For example, trainee dental nurses

were inducted into a wide ranging 12 week training academy before being supported to access an external course from a registered training provider. In addition, new staff were assigned mentors throughout their period of training to ensure they had extra support whenever it was required in addition to their line managers.

Staff had undertaken training to ensure they were kept up to date with the core training and registration requirements issued by the General Dental Council. 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; they felt well supported by the practice management team and they were given opportunities to learn and develop. For example, a dental nurse had undertaken additional training and a qualification which enabled them to take dental X-rays.

Working with other services

Referrals when required were made to other dental specialists. The practice had a system in place for referring patients for dental treatment and specialist procedures such as endodontics, orthodontics, oral surgery and sedation.

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, which included specialists who visited the organisations other practices. A referral letter was then prepared and sent to the treatment provider 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.

Consent to care and treatment

The practice ensured valid consent from patients was obtained for all care and treatment. Staff confirmed individual treatment options, risks and benefits and costs

Are services effective?

(for example, treatment is effective)

were discussed with each patient who then received a detailed treatment plan and estimate of costs. Patients were given time to consider and make informed decisions about which option they wanted.

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. Staff demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff explained how they ensured information about patients using the service was kept confidential. Patients' electronic dental care records were password protected and paper records were stored securely in locked cabinets. Staff members demonstrated their knowledge of data protection and how to maintain confidentiality. Staff told us patients were able to have confidential discussions about their care and treatment in an office or one of the treatment rooms.

Patients told us they felt they received excellent care from dedicated and friendly staff in a relaxing environment. On the day of our inspection, we observed staff being polite, friendly and welcoming to patients.

Involvement in decisions about care and treatment

The dentists told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate what different treatment options involved so that patients fully understood. A treatment plan was developed following examination of and discussion with each patient.

Staff told us the dentists took time to explain care and treatment to individual patients clearly and were always happy to answer any questions. The practice also provided information on a range of available treatments and services on their website.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's 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 regularly followed up patients who had not completed their course of treatment in order to minimise the risk of them developing further dental disease or pain.

There were effective systems in place to ensure the equipment and materials needed were in stock or received well in advance of the patient's appointment. 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 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.

Access to the service

We asked staff 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. We saw the website also included this information. 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.

One patient told us how they had been previously been very nervous of visiting the dental hygienist before coming to this practice whose dental hygienist had been 'marvellous' and very responsive to their anxiety.

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 waiting room. 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 viewed complaints as a learning opportunity and discussed those received in order to improve the quality of service provided.

Are services well-led?

Our findings

Governance arrangements

The governance arrangements of the practice were developed through a process of continual learning. The strong practice management team included the principal dentist (registered manager), the practice manager and a clinical lead (who provided guidance and support to the dentists). The practice liaised regularly with the group's five other dental practices in order to identify any improvements needed and share learning. For example, the practice manager had a telephone conference with the other practice managers and the group's business development manager weekly. In addition, some dentists attended a senior clinicians' forum in order to discuss patient outcomes and how to implement best practice guidance.

The practice's organisation had engaged an external practice management company to develop and provide bespoke training and quality monitoring in all of their practices. This was due to start in April 2016.

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.

We reviewed a comprehensive yet concise set of practice policies and procedures which were regularly updated and reviewed by staff at practice meetings. Recent staff meetings had included discussion

Leadership, openness and transparency

Staff reported there was an open and transparent culture at the practice which encouraged candour and honesty. Staff felt confident they could raise issues or concerns at any time with their line manager, the practice manager or the principal dentist without fear of recrimination.

The practice displayed their quality assurance statement in the waiting room to demonstrate to patients how they planned to improve the quality of service provided. Core values of safety, teamwork, enjoyment, passion, integrity and ambition were promoted for staff to adopt and uphold.

Management lead through 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 March 2016 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.

The practice carried out regular audits of each associate's record keeping to ensure these were in line with good practice guidance. In addition, if a new associate joined the practice, their clinical records were monitored for two weeks to ensure consistency. Staff were given support where necessary to ensure accurate and up to date records were maintained.

A waiting times audit had been undertaken in August 2015 which had shown 90 per cent of patients had been seen on time with just two patients kept waiting between five and ten minutes. The results had been discussed at a subsequent practice meeting in order to learn and improve.

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

There was a system in place to act upon suggestions received from patients using the service. For example, the practice had extended its opening hours to include regular evening and Saturday appointments in response to patient feedback.

The practice conducted regular staff meetings. Staff members told us they found these were a useful opportunity to share ideas and experiences which were listened to and acted upon.