

C & O Capital Investments Limited Blue Pearl Dental Care

Inspection Report

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Date of inspection visit: 14 December 2017

Date of publication: 05/01/2018

Overall summary

We carried out this announced inspection on 14 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

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

Blue Pearl Dental Care is in Holloway, in the London borough of Islington. The practice provides private treatment to patients of all ages.

Restricted car parking spaces are available near the practice. The premises are arranged over the first, second and third floors of a converted building. The practice has two treatment rooms.

The dental team includes a managing director/practice manager, five dentists, three qualified dental nurses (one of whom is also the managing director/practice

Summary of findings

manager), two trainee dental nurses, a receptionist, and an administrative assistant. A dentist has a special interest in implantology and another has a special interest in periodontology.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered 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. The registered manager at Blue Pearl Dental Care was the managing director/practice manager.

On the day of inspection we obtained feedback from 26 patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, two dental nurses, the receptionists and the managing director/practice manager. We checked practice policies and procedures and other records about how the service is managed.

The practice is open from 9am to 6pm Monday to Saturday.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.

- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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 had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

There is an area where the provider could make improvements. They should:

- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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 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.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as being of a high standard.

The practice kept patient dental care records which were stored securely and clearly typed. Improvements could be made to ensure the records contained more detailed information.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

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

No action



Are services caring?

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

We received feedback about the practice from 26 patients. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, informative and helpful. They said that they were given clear and thorough explanations about their dental care, and said their dentist listened to them. Nervous patients commented that staff made them feel at ease.

Staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services and had arrangements to help patients with hearing loss.

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

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. There was a clearly defined management structure and staff felt supported and appreciated.

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.

Staff described a positive working environment that was open, inclusive, team-oriented and like a family.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond to and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

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.

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. Safeguarding protocols were clearly displayed in staff areas with the relevant contact details for raising concerns to external authorities. Staff received training in safeguarding children and vulnerable adults. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

We checked the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society (BES) when providing root canal treatment.

The practice had a comprehensive business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. Two members of staff were able to access this plan off-site in case of emergencies that occurred when the practice was closed.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. The practice had a designated emergency first-aider who had completed first aid training.

Emergency equipment and 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 good working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We checked two staff recruitment records. These showed the practice followed their recruitment procedure.

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

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. The practice had monitored other risks relating to the premises, radiation, equipment, waste disposal and staff welfare; they had made improvements wherever necessary.

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

A dental nurse worked with the dentists when they treated patients.

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

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

Are services safe?

line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

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

We saw cleaning schedules for the premises. The practice appeared to be clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing medicines.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of their radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits annually following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists assessed patients' treatment needs in line with recognised guidance. The practice kept dental care records about the patients' current dental needs, past treatment and medical histories. The practice audited patients' dental care records to check that the dentists recorded the necessary information.

We checked dental care records to confirm our findings. Improvements could be made to ensure the dentists recorded more detailed information in the records.

Health promotion & prevention

The practice provided preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. A dental nurse had completed training in oral health education and was able to provide oral health advice to patients wherever needed.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them, and that they applied fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients where applicable during appointments. The practice had a selection of dental products for sale and provided a broad range of health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at appraisals the practice had recently begun. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Clinical Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the principal dentist was aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

We received feedback from 26 patients. They commented positively that staff were caring, attentive, informative, professional and trustworthy. We observed that staff dealt with patients in a courteous and respectful manner; they were friendly towards patients at the reception desk and over the telephone. Patients told us practice staff treated them with dignity.

Nervous patients commented that staff were compassionate and understanding and made them feel at ease.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff 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.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

The practice played music in the treatment rooms and there was a television in the waiting area. A broad range of information leaflets and posters were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients told us staff listened to them, answered their questions and concerns, did not rush them and discussed options for treatment with them. The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease and more complex treatments.

Each treatment room had a screen so the dentists could show patients photographs, videos and radiograph images when they discussed treatment options. Staff also used visual aids to explain treatment options to patients needing more complex treatments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

We obtained feedback about the practice from 26 patients; they described high levels of satisfaction with the responsive service provided by the practice. They described the service as being excellent and outstanding, and told us they would recommend the practice to other people.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. We observed that appointments ran smoothly on the day of the inspection.

Staff told us that they did not have any patients for whom they needed to make adjustments to enable them to receive treatment. Patients could choose whether they saw a male or female dentist.

Promoting equality

The practice told us they had made reasonable adjustments for patients with disabilities, such as a hearing loop. They told us they had not been able to make the premises fully accessible due to limitations of the layout of the building.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language. The practice told us a large proportion of their patient list were Spanish-speaking; all staff spoke both English and Spanish.

Access to the service

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

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing dental pain on the same day. Patients confirmed they could make appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The managing director/practice manager was responsible for dealing with these. Staff told us they would tell the managing director/practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The managing director/practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. The practice displayed their complaints policy in the waiting area; information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We checked comments, compliments and complaints the practice received within the last year. The practice told us they had not received any complaints. They discussed positive examples of how they had handled recent feedback. They had discussed outcomes with patients, and with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the clinical leadership of the practice. The managing director/practice manager was responsible for the management and day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. The practice displayed details of lead roles in staff areas.

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.

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

Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the managing director/practice manager and principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise issues with and told us the practice's leaders were approachable, would listen to their concerns and act appropriately. They described the culture of the practice as being helpful, open, inclusive, team-oriented and like a family.

Staff attended regular meetings where they could raise any concerns and discuss clinical and non-clinical updates. They regularly updated staff on policies and training and kept records of discussions at these meetings. Immediate discussions were arranged to share urgent information. It was clear the practice worked as a team and dealt with issues professionally. They told us they frequently socialised together.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, radiography and infection prevention and control. They had clear records of the results of these audits including improvements required and the resulting action plans.

The principal dentist and managing director/practice manager showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses and receptionist had received appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in staff folders.

Staff completed key training including medical emergencies and basic life support, each year. They had also completed training in safeguarding, fire safety, health and safety, infection control and prevention, managing complaints, Legionella, information governance, and a broad range of other modules.

The General Dental Council (GDC) requires clinical staff to complete continuous professional development. The practice provided support and encouragement for them to do so; they paid for staff to complete continuous professional development modules. The practice had arranged for four members of staff to complete training in Spain on a tissue regeneration technique that was new to the practice. They also ensured staff completed phlebotomy training in preparation for the use of this technique for implant treatments.

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

The practice used patient surveys, comment cards, verbal comments to obtain staff and patients' views about the service. The practice's annual patient survey included questions on areas of the service such as appointment duration, telephone access, the helpfulness of staff, waiting times, communication of treatment options. Recent results showed a positive improvement in patient satisfaction between 2015 and 2016. The practice discussed examples of feedback from patients that had driven improvements in the practice.

The practice had recently begun a staff survey which covered various topics including understanding of policies and procedures, feeling supported, raising concerns, being treated as an individual and team working.