City Dental (Dental Prosthetics) Limited

City Dental

Inspection Report

57 Dovedale Road
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Sunderland
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Website:

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Overall summary

We carried out an announced comprehensive inspection on 10 November 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 not providing well-led care in accordance with the relevant regulations.

Background

The practice is owned by City Dental (Dental Prosthetics) Limited. The practice is located at 57 Dovedale Road, Seaburn Dene, Sunderland, Tyne and Wear, SR6 8LP.

The practice is open Monday to Friday 8am to 5pm.

The practice predominantly provides dental prosthetics and general dental services to private patients.

There are two clinical dental technicians, a dental nurse and a dentist. The practice has two treatment rooms.

City Dental (Dental Prosthetics) Limited is the registered provider for the practice. The practice also has a registered manager. 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.

We received feedback from patients about the service via three Care Quality Commission comment cards. All the comments were positive about the staff and the services provided. Comments included: staff are efficient, helpful and professional.

Our key findings were:

- There was an effective complaints system.
- Staff had received safeguarding training, knew how to recognise signs of abuse and how to report it.
- There were sufficient numbers of suitably qualified staff to meet the needs of patients.

Summary of findings

- Staff had been trained to manage medical emergencies.
- Infection control procedures were in accordance with the published guidelines.
- Patient care and treatment was planned and delivered in line with evidence based guidelines and current regulations.
- 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.
- Patients could access routine treatment and urgent care when required.
- The practice sought feedback from staff and patients about the services they provided.

We identified regulations that were not being met and the provider must:

- Carry out audits of various aspects of the service, such as radiography and dental care records at regular intervals to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.
- Establish a process to ensure that frequency of taking X-rays is in line with the Faculty of General Dental Practice(FGDP) guidelines and the guidance is followed in respect of endodontic treatments in all cases.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

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

• 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

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 effective systems and processes in place to ensure that all care and treatment was carried out safely. For example, there were systems in place for infection control, clinical waste control, management of medical emergencies and dental radiography.

Staff had received training in safeguarding patients and knew how to recognise the signs of abuse and how to report them. Staff had also received training in infection control. There was a decontamination room and guidance for staff on effective decontamination of dental instruments.

Staff were appropriately recruited and skilled to meet patients' needs and there were sufficient numbers of staff available at all times. Staff induction processes were in place and had been completed by new staff.

Are services effective?

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

Consultations were carried out in line with good practice guidance from the National Institute for Health and Care Excellence (NICE). For example, patients where recalled after an agreed interval for an oral health review, during which their medical histories and examinations were updated and any changes in risk factors noted.

On joining the practice, patients underwent an assessment of their oral health and were asked to provide a medical history. This information was used to plan patient care and treatment. Patients were offered options of treatments available and were advised of the associated risks and benefits. Patients were provided with a written treatment plan which detailed the treatments considered and agreed together with the fees involved.

Patients were referred to other specialist services where appropriate in a timely manner.

Staff were registered with the General Dental Council (GDC) and maintained their registration by completing the required number of hours of continuing professional development (CPD) activities.

Are services caring?

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

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially they would speak with them in the treatment room or in a private room.

Comments on the three completed CQC comment cards we received included statements saying the staff are efficient, helpful and professional.

Are services responsive to people's needs?

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

Patients could access routine treatment and urgent care when required. The practice offered daily access for patients experiencing dental pain which enabled them to receive treatment quickly.

Summary of findings

The practice had a complaints process which was available to support any patients who wished to make a complaint. The process described the timescales involved for responding to a complaint and who was responsible in the practice for managing them.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Staff were not always supported through training and offered opportunities for development.

Staff reported that the registered provider was approachable and they felt supported in their roles and were freely able to raise any issues or concerns with them at any time. The culture within the practice was seen by staff as open and transparent. Staff told us that they enjoyed working there.

The practice regularly sought feedback from patients in order to improve the quality of the service provided.

The practice undertook various audits to monitor its performance and help improve the services offered. The audits included infection control, clinical examinations and patients' records. However, the practice had not audited their X-rays in line with the prevailing guidelines.

The practice held regular staff meetings which were minuted and gave all staff an opportunity to openly share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

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Detailed findings

Background to this inspection

The inspection was carried out on 10 November 2015 and was led by a CQC inspector who was supported by a dentist specialist advisor.

The methods that were used to collect information at the inspection included interviewing staff, observations and reviewing documents.

During the inspection we spoke with the registered manager and the dental nurse. We reviewed policies, procedures, and other records relating to the management of the service. We reviewed three completed Care Quality Commission comment cards.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. Staff were aware of the reporting procedures in place and encouraged to raise safety issues to the attention of colleagues and the registered provider. Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager told us that any accident or incidents would be discussed at practice meetings or whenever they arose. We saw that the practice had an accident book to record any accidents or incidents.

The practice had a policy and processes to deal with complaints. The policy set out how complaints and concerns would be investigated and responded to. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice had received one complaint in the last year. We saw that this had been dealt with in accordance with the complaints policy.

The registered manager and dental nurse were aware of their responsibilities under the duty of candour. They told us that if there was an incident or accident that affected a patient they would apologise to the patient and engage with them to address the issue.

The practice manager told us that they received alerts by email from the Medicines and Healthcare products Regulatory Agency (MHRA), the UK's regulator of medicines, medical devices and blood components for transfusion, responsible for ensuring their safety, quality and effectiveness. Relevant alerts were discussed with staff, actioned and stored for future reference.

Reliable safety systems and processes (including safeguarding)
We reviewed the practice's safeguarding policy and procedures in place for child protection and safeguarding vulnerable adults using the service. They included the contact details for the local authority safeguarding team, social services and other relevant agencies. The registered manager was the lead for safeguarding. This role included providing support and advice to staff and overseeing the safeguarding procedures within the practice. We saw that all staff had received safeguarding training in vulnerable adults and children. Staff we spoke with demonstrated their awareness of the signs and symptoms of abuse and neglect. They were also aware of the procedures they needed to follow to address safeguarding concerns and were confident that if they raised any concerns they would be followed up appropriately by the registered manager.

The registered manager told us that the dentist routinely used a rubber dam when providing root canal treatment to patients. This was confirmed in the patient records we reviewed. This was in accordance with guidance issued by the British Endodontic Society. A rubber dam is a small rectangular sheet of latex (or other similar material if a patient is latex sensitive) used to isolate the tooth operating field to increase the efficacy of the treatment and protect the patient.

We reviewed some patients' records. They were completed in accordance with the Faculty of General Dental Practice (FGDP) – part of the Royal College of Surgeons that aims to promote excellent standards in primary dental care. For example, they record that medical histories had been up dated prior to each treatment; soft tissue examinations, diagnosis and consent in addition to other information such as alerts generated by the dentist to remind them that a patient had a condition which required additional care and advice.

The practice had a whistleblowing policy which staff were aware of. Staff told us that they felt confident that they could raise concerns about colleagues without fear of recriminations.

Medical emergencies
The practice had procedures in place for staff to follow in the event of a medical emergency and all staff had received training in basic life support. The practice kept medicines and equipment for use in a medical emergency. Although the medicines were in line with the Resuscitation Council UK and British National Formulary guidelines, some of the recommended equipment was missing. We discussed our concerns with the registered manager. The registered manager took immediate action and ordered the missing equipment including an Automated External Defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). The day after

Are services safe?

the inspection the registered manager provided us with evidence that they had received the equipment they had ordered. The staff knew where the emergency items were kept. We saw that the practice kept records which indicated that the emergency medicines, equipment and emergency oxygen were checked daily. We checked the emergency medicines and found that they were of the recommended type and were within their manufacture's expiry dates.

Staff recruitment

The practice had a recruitment policy which included a process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references. We reviewed three personnel files which confirmed that the processes had been followed.

We saw that all staff had been checked by the Disclosure and Barring Service (DBS). The DBS checks 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.

We saw that all relevant staff had personal insurance or indemnity cover in place or were in the process of obtaining it. The General Dental Council (GDC) in accordance with its standard requires those registered with them to have in place personal insurance or indemnity to cover. These policies help ensure that patients could claim any compensation to which they may be entitled should the circumstances arise. In addition, there was employer's liability insurance which covered employees working at the practice which was due to expire in September 2016.

Monitoring health & safety and responding to risks

The practice had undertaken a number of risk assessments to cover the health and safety concerns that may arise in providing dental services generally and those that were particular to the practice. There was a Health and Safety policy which included guidance on fire safety, manual handling and dealing with clinical waste. The practice had maintained a Control of Substances Hazardous to Health (COSHH) folder. COSHH was implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way. We saw that the registered provider had a system in place to regularly update their records which included receiving COSHH updates and changes to health and safety regulations and guidance.

The practice undertook regular fire safety activities such as testing the fire alarms weekly and the fire extinguishers were checked annually.

Infection control

The practice had an infection control policy which was reviewed annually and staff indicated that they had read the policy each year.

The practice had a dedicated decontamination room. The room was set out according to the Department of Health's guidance, Health Technical Memorandum 01- 05 (HTM 01-05), decontamination in primary care dental practices. Staff were aware of the work flow in the decontamination room from the 'dirty' to the 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff. The dental nurse told us that they wore appropriate personal protective equipment when working in the decontamination room and when treating patients and this included disposable heavy duty gloves, aprons and protective eye wear. A dental nurse was lead for infection control.

We found that instruments were being cleaned and sterilised in line with published guidance (HTM01-05). The dental nurse we spoke with spoke knowledgeably about the decontamination process and demonstrated that they followed the correct procedures. For example, instruments were examined under illuminated magnification and sterilised in an autoclave. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date. For safety, instruments were transported between the surgeries and the decontamination room in lidded boxes.

We saw records which showed that the equipment used for cleaning and sterilising had been maintained and serviced in line with the manufacturer's instructions. Appropriate records were kept of the decontamination cycles of the autoclaves to ensure they were functioning properly.

All staff were aware of the designated 'clean and 'dirty' areas within the surgeries. These zones were clearly identified in each of the surgeries.

Are services safe?

We saw that the practice had completed an infection control audit in September 2015. The practice achieved 96%.

We saw from staff records that all staff had received infection control training.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and surgery, and a poster describing proper hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet. We saw that the sharps bin was being used correctly and located appropriately in the surgeries. Clinical waste was stored securely for collection. The registered provider had a contract with an authorised contractor for the collection and safe disposal of clinical waste.

The staff files we reviewed showed that all clinical staff had received inoculations against Hepatitis B. It is recommended that people who are likely to come into contract with blood products or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of acquiring blood borne infections.

We saw that the last legionella risk assessment took place in November 2012 and the next risk assessment was scheduled for November 2015. Legionella is a term for particular bacteria which can contaminate water systems in buildings.

Equipment and medicines

Portable Appliance Testing (PAT) – (PAT is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use.) was undertaken annually. We saw that the last PAT test had taken place in January 2015.

The practice displayed fire exit signage. We saw that the fire extinguishers had been checked annually to ensure that they were suitable for use if required.

We saw maintenance records for equipment such as autoclaves and X-ray equipment which showed that they were serviced in accordance with the manufacturers' guidance. The regular maintenance ensured that the equipment remained fit for purpose.

Local anaesthetics were stored appropriately. Other than anaesthetics and emergency medicines, no medicines were kept at the practice.

Radiography (X-rays)

The X-ray equipment was located in each of the surgeries and X-rays were carried out safely and in line with the rules relevant to the practice and type and model of equipment being used.

We reviewed the practice's radiation protection file. This contained a copy of the local rules which stated how the X-ray machine in each surgery needed to be operated safely. The local rules were displayed in the surgeries. The file also contained the name and contact details of the Radiation Protection Advisor. We saw that the dentists were up to date with their continuing professional development training in respect of dental radiography. The practice also had a maintenance log which showed that the X-ray machines had been serviced regularly.

The registered manager told us that they undertook quality audits of the X-rays. However, from a review of an audit covering the period August to October 2015 we establish that it was not in accordance with the Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER) standards or the Faculty of General Dental Practice (FGDP) guidelines. For example. all the X-rays we reviewed were graded 1 but some of them should have received a lower grade. For instance, one film was only partly readable due to lettering being superimposed on it. There had been no independent audits of the gradings awarded by the clinician who took the X-rays. We discussed our concerns with the registered manager who assured us that they would review and revise their auditing processes to ensure that they comply with the prevailing standard and guidelines in the future. The registered manager told us that the dentist routinely used a rectangular collimator when taking X-rays. A rectangular collimator decreases the amount of radiation the patient is exposed to.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

New patients to the practice were asked to complete a medical history form which included their health conditions, current medication and allergies prior to their consultation and examination of their oral health with the clinical dental technicians. The practice recorded the medical history information on the patient's electronic dental records for future reference. In addition, the registered manager told us they discussed patients' life styles and behaviours such as smoking and drinking and where appropriate offered them health promotion advice. This was recorded in the patient's records. We saw from the dental records we reviewed, that at all subsequent appointments patients were always asked to review their medical history form. This ensured the dentist and clinical dental technicians were aware of the patients' present medical condition before offering or undertaking any treatment. The records showed that routine dental examinations included checks for gum disease and oral cancer had taken place. In addition, we saw there were comprehensive referral notes between the clinical dental technicians and the dentist which helped to ensure successful outcomes for patients.

The registered manager told us that they always discussed the diagnosis with their patients and, where appropriate, offered them any options available for treatment and explained the costs. We saw from the dental records that these discussions took place and the options chosen and fees were also recorded.

Patients' oral health was monitored through follow-up appointments and these were scheduled in line with the National Institute for Health and Care Excellence (NICE) recommendations.

Patients requiring specialist treatments that were not available at the practice such as minor oral surgery were referred to other dental specialists. Their oral health was then monitored at the practice after the patient had been referred back to the practice. This helped ensure patients had the necessary post-procedure care and satisfactory outcomes.

Health promotion & prevention

Staff told us that they offered patients information about effective dental hygiene and oral care in the surgeries.

The registered manager advised us that they offered patients oral health advice and provided treatment in accordance with the Department of Health's guidance 'The Delivering Better Oral Health' toolkit. Treatments included applying fluoride varnish to teeth. Fluoride treatments are a recognised form of preventative measures to help protect patients' teeth from decay. In addition, the practice offered specific care advice to patients who received dental prosthetics.

Staffing

We saw that all relevant staff were currently registered with their professional bodies. Staff were encouraged to maintain their continuing professional development (CPD) to maintain, update and enhance their skill levels. Completing a prescribed number of hours of CPD training is a compulsory requirement of registration for a general dental professional.

Staff training was being monitored and recorded by the practice manager. Records we reviewed showed that all staff had received training in basic life support, infection control and safeguarding children and vulnerable adults. However, we saw that some staff had not received training in the Mental Capacity Act 2005.

Staff we spoke with told us that they had staff annual appraisals and thought that they were useful.

Staff told us that they worked well as a team and covered for each other when colleagues are absent for example, because of sickness or holidays.

Working with other services

The registered manager explained that they would refer patients to other dental specialists when necessary. For example, they would refer patients for minor oral surgery and other treatments that were unavailable from the practice when required. The referrals were based on the patient's clinical need. In addition, the practice followed the two week referral process to refer patients for screening for oral cancer.

Consent to care and treatment

Staff we spoke with were unable to demonstrate an awareness of the Mental Capacity Act 2005 (MCA) and its relevance to their role. The MCA provides a legal framework for acting and making decisions on behalf of adults who may lack the capacity to make particular decisions for

Are services effective?

(for example, treatment is effective)

themselves. We discussed our concerns with the registered manager. They accepted our findings and assured us that they would address our concerns by ensuring all staff received training in the MCA.

Staff ensured patients gave their consent before treatment began. Staff informed us that verbal consent was always sought prior to any treatment. In addition, the advantages and disadvantages of the treatment options and the appropriate fees were discussed before treatment commenced. Patients were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be withdrawn at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy
The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. If a patient needed to speak to a receptionist confidentially, they could speak with them in the surgery or in a private room.

Staff we spoke with understood the need to maintain patients' confidentiality. The registered manager was the lead for information governance with the responsibility to ensure patient confidentiality was maintained and patient information was stored securely. We saw that patient records, both paper and electronic were held securely.

Comments on the three completed CQC comment cards we received included statements saying the staff were efficient, helpful and professional.

Involvement in decisions about care and treatment
Comments made by patients who completed the CQC comment cards confirmed that patients were involved in their care and treatment.

The registered manager told us they followed a process which involved a number of discussions an appointments with patients to ensure as far as possible patients were satisfied with the results. Patients with disabilities or in need of extra support, staff told us that they would be given as much time as was needed to provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs
Information displayed in the reception and waiting area described the range of services offered to patients and opening times. Information was also displayed explaining the practice's complaints procedure. The practice manager told us that they offered patient information leaflets on oral care and treatments in the surgery to aid patients' understanding if required or requested.

The opening times were Monday to Friday 8am to 5pm.

Patients in need of urgent dental care during normal working hours the practice offered same day appointments.

Tackling inequity and promoting equality
Both of the surgeries were located on the ground floor of the building and were accessible to patients with mobility issues. There was a washroom which was Disability Discrimination Act 2005 compliant.

We saw that the practice had an equality and diversity policy. Staff told us that patients were offered treatment on the basis of clinical need and they did not discriminate when offering their services. The practice had access to a translation service for patients with English as a second language and may require assistance.

Access to the service

Patients could access the service in a timely way by making their appointment either in person or over the telephone. When treatment was urgent, patients would be seen on the same day or within 24 hours. For patients in need of urgent care out of the practice's normal working hours they were directed by answerphone message to either the NHS 111 service or a private arrangement who would then direct them to an out of hours dental service for treatment.

Concerns & complaints
The practice had a complaints policy and procedures. This was in accordance with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009. The practice displayed information in the waiting area on how to complain. The dental nurse we spoke with was aware of the complaints process and told us that they would refer all complaints to the registered manager to deal with. We saw that the practice had received one complaint in the last 12 months which were processed in accordance with its complaints policy.

Are services well-led?

Our findings

Governance arrangements
The practice had governance arrangements in place such as various policies and procedures for monitoring and improving the services provided for patients. For example, there was a recruitment policy, safety policy and an infection control policy. However, we saw that the registered provider has failed to ensure that relevant record keeping audits and X-ray audits were undertaken in accordance with Faculty of General Dental Practice (FGDP) guidelines . From the records we reviewed we also saw that X-rays were not always taken at the recommended intervals or that the FGDP guidelines were followed in respect of endodontic treatments in all cases. We discussed our concerns with the registered manager. They accepted our findings and assured us that they would review their processes and address the concerns.

Staff we spoke with were aware of their roles and responsibilities within the practice.

Leadership, openness and transparency
There was an open culture at the practice which encouraged candour and honesty. Staff told us that it was a good practice and they felt able to raise any concerns with each other, the registered manager and the registered provider. They were confident that any issues would be appropriately addressed. Staff also told us that they worked well together and supported each other.

The registered manager and dental nurse were aware of their responsibilities to comply with the duty of candour.

Learning and improvement
The practice maintained records of staff training which showed that all staff were up to date with their training. We saw that training was accessed through a variety of sources including formal courses and informal in house training. Staff we spoke with stated they were given sufficient training to undertake their roles and given the opportunity for additional training. However, staff we spoke with were unaware of the relevance of the Mental Capacity Act 2005 (MCA) in dentistry and what steps were necessary to ensure that patient consent is appropriately addressed when required. We discussed our concerns with the registered manager who advise us that they would look at providing all staff with relevant training in the MCA.

Practice seeks and acts on feedback from its patients, the public and staff
The practice was undertaking an ongoing patient survey. The practice had received 16 responses since January 2015 all of them were positive. All the CQC comment cards were complimentary about the services.

We saw that the practice held regular practice meetings which were minuted and gave all staff an opportunity to share information and discuss any concerns or issues which had not already been addressed during their daily interactions.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered provider has failed to ensure that relevant record keeping audits and X-ray audits are undertaken. Nor have they ensured that X-rays are taken at the recommended intervals or the X-ray guidance is followed in respect of endodontic treatments in all cases. Regulation 17(2)(a)