IGDP Limited

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 February 2017 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

IGDP Dental Practice located in Islington provides private dental treatment to patients of all ages. The practice also provides conscious sedation and minor oral surgery services. [Conscious sedation is a procedure using a combination of medicines to help a patient to relax (a sedative) and to block pain (an anaesthetic) during a medical or dental procedure. The patient remains awake during the whole procedure].

Practice staffing consists of the principal dentist, four associate dentists, two hygienists, four dental nurses, receptionist, and managerial staff.

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.

The practice is open Monday, Tuesday, Thursday and Friday 9am to 5pm, Wednesday 9am to 7pm and Saturday 9am to 2pm.

The practice facilities include four treatment rooms, a decontamination room, reception/waiting area, staff room and office

50 patients provided feedback about the service. Patients who completed comment cards were very positive about the care they received from the service. Patients told us that they were happy with the treatment and advice they had received.

Summary of findings

Our key findings were:

- There were systems in place to reduce the risk and spread of infection. Dental instruments were cleaned and sterilised in line with current guidance.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns
- Equipment, such as the autoclaves, fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Conscious sedation was delivered safely in accordance with current guidelines.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Staff had been trained to handle medical emergencies, and appropriate medicines and life-saving equipment were readily available.
- Patients were treated with dignity and respect and confidentiality was maintained.
- The practice sought feedback from patients and staff about the services they provided and acted on this to improve its services.
- Governance systems were effective and there were a range of policies and procedures in place which underpinned the management of the practice. Clinical audits were carried out to monitor the quality of services.

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?

No action

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

There was a range of equipment and medicines for use in medical emergencies and these were in line with national guidance. Staff had undertaken appropriate training. Medicines and equipment were stored appropriately, accessible and regularly checked.

The practice was visibly clean and infection control procedures were in line with national guidance.

The cleaning and decontamination of dental instruments was carried out in line with current guidelines. Regular audits and checks were carried out to ensure that the infection control arrangements were effective.

The practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations.

Patients were protected against the risks of abuse or harm through the practice policies and procedures. Staff were trained to recognise and report concerns about patients' safety and welfare and had access to contact details for the local safeguarding team.

Are services effective?

No action

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

Health education for patients was provided by the dentists and hygienist; information leaflets were available within the practice. They provided patients with advice to improve and maintain good oral health.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Patients' consent was obtained and they were provided with a detailed written treatment plan which described the treatments considered and agreed together with the proposed timeframe for completions and the fees involved.

Patients were offered available treatment options and were suitably advised of the associated risks and intended benefits.

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DH) and the General Dental Council (GDC).

Are services caring?

No action

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

Summary of findings

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

The practice had procedures in place for respecting patients' privacy, dignity and providing compassionate care and treatment. Staff had undertaken training around respecting and promoting equality and diversity.

Are services responsive to people's needs?

No action 

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

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. Complaints were investigated and responded to in a timely manner and a suitable explanation and apology was offered.

Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints.

Appointment times met the needs of patients and waiting times were kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible on the same day or within 24 hours

Are services well-led?

No action 

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

The staff described an open and transparent culture where they were comfortable raising and discussing concerns with each other.

There was a pro-active approach to identify safety issues and make improvements in procedures. There was openness, honesty and transparency amongst all staff we spoke with.

Patients' views were regularly sought by way of a patient survey and these were acted upon as required

The dental care records were maintained appropriately giving due regard to guidance provided by the Faculty of General Dental Practice (FGDP) regarding clinical examinations and record keeping.

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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 took place on 15 February 2017 and was undertaken by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

The methods used to carry out this inspection included speaking with the principal dentist, one associate dentist, one hygienist, two dental nurses, human resources manager, and CQC manager on the day of the inspection, and reviewing documents, completed patient feedback forms and observation of decontamination of used dental instruments and general cleaning procedures.

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 relation to this and these were regularly discussed with the practice team. We were told 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 in accordance with their practice's policy and procedures governing the Duty of Candour.

Staff understood the process for accident and incident reporting including their responsibilities under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). We reviewed the practice's significant event records, the accident book and the minutes from practice meetings. There had been one incident in the last 12 months; this had been dealt with in line with practice protocol.

Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the registered manager.

The Practice had signed up to receive alerts from the Medicines and Healthcare products Regulatory Agency (MHRA); these were printed for staff reference.

We discussed the Duty of Candour requirement in place on providers and the registered manager demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients. The explanations were in line with the expectations under the duty of candour. [Duty of Candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

The CQC manager was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and child protection. Staff had completed child protection and adult safeguarding training. Details of the local authority safeguarding teams were readily available, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was also displayed for staff reference. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The system for documenting medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit.

We noted that rubber dams were routinely used in root canal treatment in line with current guidance. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Staff also had access to emergency equipment on the premises including medical oxygen. We saw records of the daily/weekly checks that were carried out to ensure the medicines were not past their expiry dates and there were daily and weekly checks to ensure equipment was in working order.

The practice had an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm].

Staff had completed recent basic life support training which was updated annually and were aware of where medical equipment was kept.

Staff recruitment

Are services safe?

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations.

We reviewed staff recruitment records and found that all appropriate checks and documents were present. We saw confirmation of clinical staffs' registration with the General Dental Council (GDC).

Staff had a Disclosure and Barring Services (DBS) check completed (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) and where relevant had to provide proof of immunisation against Hepatitis B (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections).

Monitoring health & safety and responding to risks

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice.

The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a practice risk assessment.

There was a business continuity plan that outlined the intended purpose to help the practice overcome unexpected incidents and the responsibilities and duties.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections.

There was a separate area for decontamination of used dental instruments. The dental nurse gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05). The process of cleaning, disinfection, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty to clean.

Staff wore the correct personal protective equipment, such as apron and gloves during the process.

We saw records of all the checks and tests that were carried out on the washer disinfector, autoclave and ultra-sonic bath to ensure they were working effectively. The checks and tests were in line with guidance recommendations.

Clinical waste bins were assembled and labelled correctly in each surgery and waste was stored appropriately until collection by an external company.

The treatment room was visibly clean and tidy. There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Paper hand towels and hand gel was available.

We were told the dental nurse was responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff undertook domestic cleaning at the practice.

A Legionella risk assessment had been carried out in May 2016. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Hot and cold water temperature monitoring was being undertaken and documented and dental unit water lines were being maintained in line with current guidance. Water temperature checks were completed every month on water lines in the surgeries, toilets and decontamination room. Purified water was used in dental lines. Taps were flushed daily in line with recommendations.

Infection control audits were carried out regularly; the last one having been undertaken in December 2016.

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was suitably maintained. Service contracts were in place for the maintenance of the washer disinfector, compressor and autoclave. The washer disinfector was serviced in January 2017, autoclaves in May

Are services safe?

2016 and compressor in October 2016. The practice had portable appliances and had carried out PAT (portable appliance testing). Appliances were last tested in February 2017

The practice had an effective system in place regarding the management and stock control of the dental materials used in clinical practice.

The dentists used the British National Formulary to keep up to date about medicines.

Radiography (X-rays)

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff.

The principal dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). We also saw evidence of staff qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date.

The critical examination test, risk assessment and quality assurance documentation were present. X-ray audits were being conducted on a yearly basis.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked a sample of dental care records to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), and an extra - and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed.

The practice carried out conscious sedation for patients who were very nervous of dental treatment and required a range of routine and complex dental treatment.

We found that there were robust governance systems in place to underpin the provision of conscious sedation. The systems and processes we observed were in accordance with the new guidelines published recently by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015.

This included pre and post sedation treatment checks, emergency equipment requirements, medicines management, sedation equipment checks, personnel present, patients' checks including consent, monitoring of the patient during treatment, discharge and post-operative instructions and staff training.

We found that patients were appropriately assessed for sedation. We saw dental care records that showed that all patients undergoing sedation had important checks made prior to sedation. This included a detailed medical history, blood pressure and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines. The records demonstrated that during the sedation procedure vital clinical parameters such as pulse rate, blood pressure, breathing rates and the oxygen saturation of the blood were recorded at regular intervals.

One of the associate dentists who was qualified to carry out sedation was supported by an appropriately trained dental nurse on each occasion. These measures in place ensured that patients were being treated safely and in line with current standards of clinical practice.

The dental nurse supporting the dentist demonstrated to us that they were confident and assured about their roles and responsibilities during sedation. This reflected the high quality of the ongoing training, supervision and mentoring that the dental nurse received from the dentist. Dental nurses supporting sedation procedures had undertaken additional qualifications in conscious sedation provided by the National Examining Board for Dental Nurses.

Health promotion & prevention

The dentist told us they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption.

The dentist was aware of and was using the Department of Health publication -'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dentist and hygienist provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available.

Staffing

Clinical staff had current registration with their professional body - the General Dental Council. There was evidence that the staff were up to date with their continuing professional development requirements, and working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years].

The dentist and dental nurse told us that they worked well as a team. There were ongoing training and development opportunities available and the nurse was supported and undertook an annual appraisal of their performance from which areas for personal development were identified and planned for. Records showed that staff had undertaken training in areas including basic life support, infection control and safeguarding children and vulnerable adults, health and safety and fire safety, and Mental Capacity Act 2005

Working with other services

Are services effective?

(for example, treatment is effective)

The practice had processes in place for effective working with other services. All referrals were received and sent by fax/post/email using a standard proforma or letter. Information relating to the patient's personal details, reason for referral and medical history was contained in the referral. Copies of all referrals received and sent were kept in the patient's dental care records. We checked a sample of referrals received by practice and saw they were appropriately dealt with in the correct way.

Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. The practice also had a folder with information relating to mental capacity, outlining how to assess if a person lacked capacity and what to do in such circumstances. Staff could demonstrate an understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. [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].

Staff ensured patients were requested for their consent before treatment began. Patients and staff told us that the intended benefits, potential complications and risks of the treatment options and the appropriate fees were discussed before treatment commenced. Patients said that they were given time to consider and make informed decisions about which option they preferred. Staff were aware that consent could be removed at any time.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 50 patients. Feedback was very positive. Patients told us that staff treated them with dignity, respect and empathy. We were given examples of how staff displayed these qualities including being attentive to their needs and ensuring privacy was maintained during treatment.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the secure handling of patient information. We observed the interaction between the nurse/receptionist and patients and found that confidentiality was being maintained. Dental care records were held securely.

Involvement in decisions about care and treatment

The patient feedback we received confirmed that their dentist involved them in making decisions about their dental care and treatment. They told us that the dentist always explained their treatments in a way that they could understand and allowed them time to consider the treatment options available and to ask any questions in relation to their care and treatment. They said that the intended benefits, risks and potential complications were explained so that patients could make informed decisions about their dental care and treatment. Patients also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dentist we spoke with demonstrated that they understood the principles of the Gillick competency test and applied it. The test refers to the legal precedent set that a child may have adequate knowledge and understanding of a course of action that they are able to consent for themselves without the need for parental permission or knowledge. Staff told us that patients with disabilities or in need of extra support were given as much time as was needed to explain and provide the treatment required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency they were asked to come in and would be seen as soon as possible.

The services provided include preventative advice and treatment, routine, restorative dental care, orthodontics, implants and sedation. We found the practice had an efficient appointment system in place to respond to patients' needs. The principal dentist told us the majority of patients who requested an urgent appointment would be seen on the day.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The dentist told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. Staff explained to us how they supported patients with additional needs such as young children. They ensured patients were supported by a parent and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient and parent understood.

The CQC manager told us that the local population was diverse with a mix of patients from various cultures and background. Staff at the practice spoke a range of different languages including; Turkish, Swedish, Arabic, Somalian, Polish, Spanish, Portuguese, Russian, Gaelic, Farsi and Tamil/Malay.

Access to the service

Appointments were booked by calling the practice. In the event of a patient needing an appointment outside of the opening times, patients were directed to an in-house out of hours' service via recorded message on the practice answer machine.

Patients who provided feedback were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received three complaints in the last 12 months; this was dealt with in-line with practice protocol.

Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies and procedures for the smooth running of the service. There was a system in place for policies to be reviewed periodically. The staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively. Staff were fully supported to meet their continuing professional development needs.

The practice had a comprehensive programme of audits in place. Various audits had been completed over the past 12 months including audits on X-rays, record keeping and infection control. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. Findings were summarised with actions identified.

There were systems and processes in place to assess monitor and mitigate the risks relating to the health, safety and welfare of service users. For example, monitoring staff training and development needs, assessing risks to the health and safety of staff and patients through a range of safety related audits including fire and infection control.

Staff members had defined roles and were all involved in areas of clinical governance.

Leadership, openness and transparency

Leadership was clear in the practice and we saw clear examples of how the principal dentist, CQC manager and human resource manager led by example and promoted an atmosphere of openness amongst staff. The staff we spoke with told us that leaders were open and transparent and they felt confident going to them regardless of what the situation was (i.e. if they had to make them aware of a mistake they had made or discuss an issue).

We discussed the Duty of Candour requirement in place on providers and the practice manager demonstrated understanding of the requirement.

Learning and improvement

The practice had processes in place to ensure staff were supported to develop and continuously improve. Training such as infection control and life support was arranged centrally for all staff. Other training opportunities were available for staff and this was identified through the appraisal process and staff discussion, staff could also request if they desired any additional training.

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

The practice carried out patient satisfaction every six months. Results were analysed to identify themes and trends. Staff we spoke with confirmed their views were sought about practice developments through staff meetings. They also said that the management team were approachable and they could go to them if they had suggestions for improvement to the service.