SSCF Limited

Eagle Dental Practice

Inspection Report

10 Station Road
Liphook
Hampshire
GU30 7DR
Tel: 01428 725777
Website:www.eagledentalpractice.co.uk

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Overall summary

We carried out an announced comprehensive inspection on 29 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Eagle Dental Practice is situated in the village of Liphook, in Hampshire. The consulting and treatment areas are all on the ground floor and there is level access. There is a dedicated decontamination area, two consulting rooms and a waiting area. The practice provides private treatment and care which includes routine examinations, and treatments including, veneers, crowns and bridges and oral hygiene. Treatment costs and options for payment are available from within the practice or on their website. The practice also provided dental treatment to patients using a private dental plan.

The staff structure of the practice is comprised of a principal dentist, one dental nurse/practice manager and one receptionist. The practice engages the services of a dental hygienist who attends the practice on set days and appointments can be booked through the practice appointment system. Opening times are Monday to Friday 9am-1pm and 2pm-5pm. The practice offers a 24 hour emergency service.

The dental nurse/practice manager was the registered manager at the time of the inspection. A registered manager is a person who is registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

Our key findings were:

Summary of findings

The inspection took place over one day and was carried out by a CQC inspector and dentist specialist advisor. Nineteen patients provided feedback about the service. All were positive about their experience and described the practice as excellent, caring, calm and hygienic. Patients said they were satisfied with their treatment and would recommend the practice to others.

Our key findings were:

- 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).
- There were effective systems in place to reduce and minimise the risk and spread of infection.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- Governance arrangements and audits were effective in improving the quality and safety of the 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?

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

- The practice had systems in place to minimise the risks associated with providing dental services. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse.
- The practice had policies and protocols, which staff were following, for the management of infection control and medical emergencies.
- There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.
- We found the equipment used in the practice was well maintained and checked for effectiveness.

Are services effective?

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

- The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC).
- The practice monitored patients' oral health and gave appropriate health promotion advice.
- Staff explained treatment options to ensure that patients could make informed decisions about their treatment.
- The practice worked well with other providers and followed up on the outcomes of referrals made to other providers.
- Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the General Dental Council.

Are services caring?

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

- We received positive feedback from patients through comment cards.
- Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times.
- We found that dental care records were stored securely and patient confidentiality was maintained.

Are services responsive to people's needs?

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

- The practice provided a range of dental services to private patients.
- Patients were able to access routine treatment and urgenttreatment care when they required it.
- We found that patients with a disability or limited mobility were supported to access the service.
- There were systems in place for inviting feedback from patients.
- There was an accessible complaints system in place.

Are services well-led?

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

Summary of findings

- The practice had well organised and structured arrangements for managing and monitoring the quality of the service.
- All the staff we spoke with were aware of the organisational structure and leadership arrangements.
- The practice had comprehensive policies, systems and processes which were available to all staff through the practice's computer system.
- There was a supportive culture at the practice and the team were committed to continual learning, development and improvement.
- The staff team were happy, professional and enthusiastic and felt valued by the provider.

Eagle Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 29 September 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

We reviewed information received from the provider prior to the inspection.

During our inspection visit we reviewed policy documents and spoke with three members of staff, including the principal dentist. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We asked the dental nurse to demonstrate how they carried out decontamination procedures of dental instruments.

Nineteen patients provided feedback about the service. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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 a process in place for reporting and logging any incidents and this included adverse drug reactions. Incidents were discussed at practice meetings so that learning could be shared and this was confirmed by minutes of meetings.

Reliable safety systems and processes (including safeguarding)
The practice had policies and procedures in place for child protection and safeguarding people who used the service. These included contact details for the local authority safeguarding team, social services and other agencies, including the Care Quality Commission. Staff had completed safeguarding training or were in the process of receiving this training. We saw records which confirmed that training had been booked and attended. The practice was training all staff to level two in safeguarding children. Staff were able to demonstrate their knowledge of how to recognise the signs and symptoms of abuse and neglect and who to report to.

We found that new staff were required to familiarise themselves with practice policies and procedures as part of their induction process. This was confirmed by a member of staff who had been through a recent induction. The practice had a chaperone policy in place and the dental nurses were familiar with the role and relevant responsibilities.

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

A risk management process had been undertaken for the safe use of sharps (needles and sharp instruments) to minimise the risk of inoculation injuries to staff members. Information available for staff detailed the actions they should take if an injury from using sharp instruments occurred.

Dentists at the practice ensured that clinical practices reflected current guidance in relation to safety. For example, the dentist routinely used a rubber dam for root canal treatments to ensure patient safety and increase effectiveness of treatment. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work).

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

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

Staff recruitment
There were effective recruitment and selection procedures in place. Appropriate checks had been carried out prior to a new member of staff starting work. This included evidence of professional registration with the General Dental Council, identity verification and checks with the Disclosure and Barring Service. The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

Where possible staff covered one another's planned and unplanned leave. If this did not provide sufficient levels of staff, agency staff were used although this was a rare occurrence.

Monitoring health & safety and responding to risks
The practice had arrangements in place to manage risk. A fire risk assessment had been carried out and exits were clearly marked. The practice had fire extinguishers available for use if needed. There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations.

Infection control
The guidelines for decontamination of instruments were displayed on the wall of the decontamination area. These

Are services safe?

referred to appropriate national guidelines found in Health Technical Memorandum 01-05. The practice had a designated member of staff to lead on infection prevention and control. They showed us the decontamination area and the processes used to clean and decontaminate dental instruments ready for use. There were clearly defined dirty to clean zones.

Dental nurses we spoke with were knowledgeable about the infection control procedures and told us they had an adequate supply of equipment to meet daily needs. The practice had systems in place for daily and weekly quality testing of the decontamination equipment and records confirmed these had taken place.

We found that clean instruments were stored in an appropriate area within sealed packaging. The date of expiry showed they were all in date and ready for use. Dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Legionella is a term for particular bacteria which can contaminate water systems in buildings. A Legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was provided to support this.

An infection control audit had been completed by the practice in April 2015, no actions were required. The practice was visibly clean and tidy. A cleaning plan and schedule was in place that referred to an employed cleaner. However, staff confirmed that cleaning duties were all performed by the dental nurses who followed the schedules. Cleaning equipment was stored near the decontamination area and followed the recommended colour coding system used by the NHS.

There were clear procedures in place for the disposal of clinical, non-clinical and hazardous waste. Clinical waste bins used in each treatment room plastic liners which could be an infection risk to staff when emptying and cleaning the containers. Sharps bins were stored when full and awaiting collection from a contractor. Safe procedures were in use for the removal of amalgam and X-ray development fluid. We noted that sharps bins in use were not secure, the practice immediately arranged for this to be rectified.

Equipment and medicines

There were systems in place to check equipment had been serviced regularly, including the autoclave, fire extinguishers and oxygen cylinder. We were shown the annual servicing certificates and records which showed the service had an efficient system in place to ensure all equipment in use was safe, and in good working order.

A recording system was in place for the prescribing, recording, and dispensing of the medicines used in clinical practice. The systems we viewed provided an account of medicines prescribed, and demonstrated patients were given their medicines appropriately. The type, batch numbers and expiry dates for local anaesthetics used were recorded in dental care records.

Radiography (X-rays)

The practice's radiation protection file was maintained in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IR(ME)R). It was detailed and up to date with an inventory of all X-ray equipment and maintenance records. This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment.

We found relevant staff had received radiation protection training. Records showed the provider regularly audited the quality of X-ray images taken. This showed X-rays were taken to an acceptable standard and therefore minimised the risk of further (and unnecessary) X-ray exposure to patients.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' care and treatment was assessed, planned and delivered according to their individual needs. We looked at dental care records which showed that dentists used a systematic and structured approach to assessing and planning treatment.

All patients had an up to date medical history completed when they attended for examination that was updated at each visit. Patients told us that the dentist always asked if there had been any changes to medical conditions or any medicines they were taking. This information was recorded in the patient's dental care record.

We reviewed patient dental care records and saw that the dentist kept a record of their examinations of soft tissues, teeth and other relevant observations. We saw that the dentist assessed the patient's gums and provided a more detailed assessment when required. This was followed by a prescription for treatment by a dental hygienist if required and this was recorded in the patient's dental care record. The prescription contained sufficient information and direction for the dental hygienist to carry out treatment. We saw that dentists used guidance from the National Institute for Care and Health Excellence (NICE) to assess patients. For example, nice guidance was used to assess how often a patient should be recalled to for examination.

Health promotion & prevention

A dental hygienist worked at the practice for one and a half days per week. We found the practice used the guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. The dental hygienist provided treatment for gum disease and provided advice on the prevention of decay and gum disease including tooth brushing techniques and oral hygiene products. There was some oral health education information available to patients.

The dentist completed checks of the soft tissues in the mouth for signs of oral cancer on all patients as part of the examination process. If a more detailed record of the soft tissues was required then a soft tissue chart would be completed. This could then be used to identify any changes to the soft tissues or as the basis for a referral to a specialist for further investigations.

Staffing

The practice had systems in place to support staff to be suitably skilled to meet patients' needs. Records showed that staff completed continuous professional development in line with General Dental Council requirements. Staffing levels were monitored and staff absences were planned to ensure that the service was uninterrupted. The dentist always had access to appropriate support from a dental nurse and the dental hygienist was appropriately supported whilst carrying out patients' treatments.

All new staff received a comprehensive induction which included training on infection control and policies and procedures associated with health and safety. An induction checklist was in place and provided information on resources available for staff to refer to.

All clinical staff were required to maintain a five year period of continuous professional development as part of their registration with the General Dental Council. Records showed that professional registration was up to date for all staff and we saw evidence of on-going continuous professional development.

Working with other services

The practice had a system in place for referring patients for dental treatment and specialist procedures to other practices or hospital were appropriate. The dentist told us the practice involved other professionals and specialists in the care and treatment of patients where it was in the patient's best interest.

Consent to care and treatment

Staff described the patient journey and how they gained the consent of the patient to receive treatment. The patient would attend an appointment and following assessment, a treatment plan would be discussed. Information was shared with the patient to enable them to give their informed consent to their preferred treatment option. .

The patient's consent was documented on their treatment plan and copies were given to the patient. Patient comment cards showed that they were provided with information about the costs involved in their treatment before consenting to proposed treatment pathways.

Are services effective?

(for example, treatment is effective)

The practice staff demonstrated an understanding of how the Mental Capacity Act 2005 applied in considering whether or not patients had the capacity to consent to dental treatment. Staff explained to us how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We noted that staff greeted patients with respect and made them welcome. When staff arranged patient appointments we heard them ask patients about their preferred time and check that suggested times and dates were suitable for them.

The provider and dental nurse explained to us how they ensured information about patients was kept confidential. Patients' dental care records were stored securely. Staff demonstrated to us their knowledge of data protection and how to maintain confidentiality. Patients were able to have confidential discussions about their care and treatment in the treatment room.

We received a total of 19 CQC comments cards completed by patients during two weeks leading up to the inspection. The cards were all very positive showing that patients valued the service they received. Patients said that staff were helpful, they had confidence in the treatment provided and that they were treated with dignity and respect.

Involvement in decisions about care and treatment

The practice provided patients with information to enable them to make informed choices. Staff described to us how they involved patients' relatives or carers when required and ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.

The dentist told us they used a number of different methods including tooth models, display charts, pictures and leaflets to demonstrate treatment so that patients fully understood them. These were used to supplement a treatment plan which was developed following examination and discussion with the patient.

Patients were also informed of the range of treatments available and their cost using information leaflets available in the treatment room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice offered a range of general dental services such as examinations, fillings, root canal treatments and cosmetic dentistry such as teeth straightening and implants. The practice treated private patients only and opened weekdays from 9am to 1pm and 2pm to 5pm.

The practice had effective systems in place to ensure the equipment and materials needed were available in advance of the patient's appointment. This included checks for laboratory work such as crowns and dentures so that delays in treatment were avoided.

Staff reported (and we saw from the appointment book) the practice always scheduled enough time to assess and undertake patients' care and treatment needs. Staff told us they did not feel rushed or under pressure to complete procedures and always had plenty of time available to prepare for each patient.

Tackling inequity and promoting equality

We asked staff to explain how they communicated with people who had different communication needs such as those who spoke another language. Staff told us they treated everybody equally and welcomed patients from many different backgrounds, cultures and religions. They would use a translation service.

Access to the service

The practice had a receptionist to assist patients to make routine and urgent appointments. Each day the practice was open, emergency appointments were available for people to be seen on the same day. There was a system in place for recalling patients for check ups and ensuring patients had required treatment plans in place.

Concerns & complaints

The practice had a complaints policy that was clear and advertised for patients to see. Information about how to complain was available in the practice information leaflet. The practice had a comments and suggestions box.

We looked at the practice procedures, for acknowledging, recording and investigating complaints, concerns and suggestion. The practice had not received any complaints or concerns in the last two years, since registering with the Care Quality Commission.

Are services well-led?

Our findings

Governance arrangements

Staff told us they felt well supported by the provider and were clear about their roles and responsibilities. Patients' dental care records provided a full and accurate account of the care and treatment they had received and appropriate records relating to the management of the practice were maintained. Staff were supported to maintain and meet their professional standards and follow their professional code of conduct.

The practice ensured the information they held was kept secure. There were comprehensive COSHH records (Control of Substances Hazardous to Health) in place that were updated regularly so staff had guidance on safe usage of products provided in the practice.

Risks to patients and staff were regularly assessed and action taken when needed to minimise the risk of harm. Audits were undertaken of dental care records, infection control processes and accidents and incidents.

Audits of x-rays had been completed by dentists and records for the management of infection, and the validation of equipment, had been completed by the infection control lead.

Leadership, openness and transparency

The culture of the practice encouraged candour, openness and honesty. Staff reported there was an open culture at the practice; they felt valued and supported by the provider. Staff reported they could raise issues at any time with the practice manager without fear of discrimination as they were very approachable, always listened to their concerns and generally took appropriate action where necessary.

Learning and improvement

There had been audits of infection prevention and control to ensure compliance with government HTM 01-05 standards for decontamination in dental practices. The most recent audit indicated the facilities and management of decontamination and infection control were well managed.

The practice had completed an audit to assess the quality of X-ray images. This showed X-rays were taken to an acceptable standard which minimised the risk of further (and unnecessary) X-ray exposure to patients.

Certificates in staff files demonstrated that staff had attended appropriate training for their role. and all staff had current registration with the General Dental Council (GDC). All staff had a personal development plan in place.

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

The practice regularly sought feedback from patients. We found the most recent survey had showed that patients were satisfied with the care and treatment provided. They considered they were given sufficient information to make decisions and staff allowed sufficient time for treatment.