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Prentis Dental Studio

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 3 June 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

Prentis Dental Studio is located in the London Borough of Lambeth and provides mainly NHS dental services (approximately 95% of patients). The demographics of the practice are mixed, serving patients' from a range of

social and ethnic backgrounds. The practice is open Monday, Wednesday, Thursday and Fridays from 9.00-5.30pm and Tuesdays from 9.00-8.00pm. The practice facilities include three consultations rooms, reception and waiting area, an administration area, staff kitchen and disabled access toilet facilities for patients.

We received 20 completed comment cards and spoke with four patients as part of the inspection process. Feedback obtained from patients was very positive. Staff were described as caring, professional and friendly and patients said the environment was always clean and tidy when they visited.

Our key findings were:

- The practice had effective processes in place to reduce and minimise the risk and spread of infection
- Patients' needs were assessed and care was planned and delivered in line with best practice guidance
- Patients were involved in their care and treatment and treatment planning so they could make informed decisions
- Staff were up to date with their continuing professional development and opportunities existed for all staff to develop. Appraisals were carried out annually.
- The practice had appropriate equipment for staff to undertake their duties and equipment was maintained appropriately.
- Appropriate governance arrangements were in place to facilitate the smooth running of the service

Summary of findings

- There was appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies.

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 provider had systems in place to ensure people were safeguarded from abuse. The dentists were trained to level three for child protection and nurses to level two. Non-clinical staff had completed level one child protection. All staff had completed adult safeguarding training. The safeguarding policy was up to date and staff were aware of their responsibilities. Systems were in place for the provider to receive safety alerts from external organisations. Processes were in place for staff to learn from incidents and accidents, lessons learnt were discussed amongst staff. The practice had risk assessments in place and there were processes to ensure equipment and materials were well maintained and safe to use. Medicines and equipment were available in the event of an emergency.

Are services effective?

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance, such as from the National Institute for Health and Care Excellence and The Department of Health (DoH). Patients were given relevant information to enable them to make informed decisions about their treatment. This included appropriate information about the options available to them, advantages and consequences of treatment and costs.

The practice maintained appropriate medical records and details were updated suitably. Information was available to patients relating to health promotion including smoking cessation and maintaining good oral health.

All clinical members of the dental team were meeting their requirements for continuing professional development.

Are services caring?

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

Feedback from patients indicated that staff were friendly, professional, caring and treated patients with dignity. We received 20 completed Care Quality Commission (CQC) comment cards and spoke with four patients during the inspection. Patients were complimentary about staff describing them as friendly and caring. They said that emergency appointments were always available when required and information was given to them appropriately to assist them in making informed decisions. They commented that the practice was clean and tidy and they did not have problems accessing the service.

Are services responsive to people's needs?

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

Patients had good access to the service which included a range of opening times (although some patients commented that having more evening sessions available would be beneficial); information was available via the practice website and a practice information leaflet. Urgent on the day appointments were available during opening hours. In the event of an emergency out of hours, patients were directed to the '111' out of hour's service. There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

Summary of findings

Are services well-led?

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

Governance arrangements were in place for effective management of the practice. This included having appropriate policies and procedure for staff to refer to. Staff meetings were held every four to six weeks. Staff had access to training and development opportunities and told us they felt supported. Staff reviews were completed every six months with an annual appraisal.

Prentis Dental Studio

Detailed findings

Background to this inspection

The inspection took place on the 3 June 2015 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information provided by the provider and information available on the provider's website.

We reviewed information received from the provider prior to the inspection. We also informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

The methods used to carry out this inspection included speaking with the dentists, dental nurses, reception staff and four patients on the day of the inspection, reviewing 20 CQC comment cards, reviewing documents and observations.

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 processes in place for receiving and sharing safety alerts. For example, the principal dentist was signed up to various journals and medical mailing lists. The principal dentist told us alerts were shared with staff via email and discussed at practice meetings. We saw a recent alert sent relating to dental assurance guidelines. This information had been shared appropriately with staff.

Although there had not been any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) incidents, staff demonstrated appropriate knowledge of requirements and there was an appropriate file to log them if they occurred.

Staff we spoke with demonstrated an understanding of their responsibilities to raise concerns and report them. They demonstrated understanding of the organisations reporting procedures and policy. We reviewed the incident and accident log and saw that there had been a needle stick injury in April 2014. The appropriate recording and action had been taken. There had also been an incident relating to violent behaviour on a member of staff which had been investigated and reported appropriately.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and children protection. There was a safeguarding referral reporting flowchart outlining what to do and how to report to the local authority. Details of the relevant person to contact at the local authority were included, with telephone numbers and email addresses for easy reference. The principal dentist was the safeguarding lead and had completed child protection training up to level three; as had all other dentists. The nurses had completed child protection training to level two and non-clinical staff had received training up to level one. All staff had also completed adult safeguarding training and staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [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].

Medical histories were taken and updated at each subsequent visit. This included taking details of current medication, known allergies and existing medical conditions. We reviewed patient records and saw that medical histories had been updated appropriately.

Medical emergencies

The provider had appropriate arrangements to deal with 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 oxygen and an automated external defibrillator (AED) in line with Resuscitation Council Guidance 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]. Appropriate checks were carried out to emergency drugs and equipment. Checks to the drug kit were carried out every day and the member of staff checking was required to sign to confirm this. They also maintained a separate list for when drugs were due to expire.

All staff had completed recent basic life support training which was repeated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and oxygen.

Staff recruitment

The staff team consisted of three dentists, a hygienist and three dental nurses, a practice manager and administration staff. Most staff had been working in the practice for a number of years. We reviewed staff files and saw that appropriate pre-employment checks were carried out before staff commenced work. This included checking identity, obtaining references, previous work history, checking professional registration (if clinical) and completing a disclosure and barring services (DBS) check. All staff working in the practice had a DBS check on their staff file.

Are services safe?

All staff had the required registration with the General Dental Council (GDC) to carry out their duties.

Monitoring health & safety and responding to risks

There was a health and safety policy that outlined their aim to provide and maintain safe and healthy working conditions. The policy had been updated in July 2014. The principal dentist was responsible for health and safety. The policy covered how to deal with accidents, fire safety, hygiene and electrical hazards. All staff were required to sign and confirm they had read and understood the policy.

Risk assessments were carried out to monitor and respond to safety. Risk assessments included premises risk assessment, risk assessment for pregnant and nursing mothers and a practice risk assessment. We reviewed the practice risk assessment which had been completed in March 2015 and due to be reviewed in July 2015. Hazards in the practice were identified such as hazards related to the autoclave and biological agents. People at risk of hazards were identified as well as action required to mitigate risks. We saw that where risks were identified actions were put in place. For example the risk associated with fire were outlined and action was put in place for the practice manager to carry out regular fire safety inspections to ensure fire precautions were being followed and housekeeping standards maintained.

There were appropriate arrangements in place to respond to and deal with risks and foreseeable emergencies. This included having a business continuity plan in place. The plan had been reviewed in May 2015. The plan covered events such as a power failure and flood. We saw that appropriate guidance was in place to assist staff in the event of an incident. Relevant internal and external contacts were listed in the event of an incident.

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. In addition to this there was a copy of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) from the Department of Health, for guidance. One of the dental nurses' was the infection control lead.

The decontamination areas had a clearly labelled flow from dirty to clean to minimise the risks of cross contamination. One of the dental nurses gave a demonstration of the

decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery; washing manually in a sink; placing into the ultrasonic bath; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry was clear.

We saw records of all the checks and tests that were carried out on the autoclave to ensure it was working effectively. The checks and tests were in line with guidance recommendations. There was an ultrasonic cleaner and it was tested daily and weekly. Staff told us they carried out the protein and foil tests. Records we reviewed indicated this was being done in line with guidance.

Staff were up to date with immunisations required for staff working in dental care. The practice had blood spillage and mercury spillage kits. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and collected every two weeks.

The surgery was visibly clean and tidy on the day of the inspection. There were appropriate stocks of personal protective equipment for both staff and patients such as gloves and aprons. Wall mounted paper hand towels and hand gel was available as were clinical waste bins. The dental nurses cleaned 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 and wiping down all surfaces and the dental chair in-between patients.

There was a Legionella risk assessment that had been carried out in 2011. The results were negative for the bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. However the assessment was completed over two years ago. The provider told us they were advised by the company who carried out the Legionella assessment that they were not required to have the assessment updated because they did not have a water tank that stored water. The issue was discussed and the provider agreed that they would ensure that a risk assessment was updated in line with guidance.

Are services safe?

The dental lines were managed by flushing taps at the beginning of the day and at the start of every session. Purified water was used in dental lines and managed with a purifying solution.

Infection control prevention audits were carried out every six months.

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was maintained. There were service contracts in place for the maintenance of equipment such as the autoclave and ultrasonic cleaner. We saw documents confirming that appropriate servicing was taking place. The practice had portable appliance and carried out PAT (portable appliance testing) annually.

Medication was stored appropriately in a secure location.

Radiography (X-rays)

There were suitable arrangements in place to ensure the safety of the equipment. The dentist was the radiation protection supervisor (RPS). Relevant staff had completed radiation training which was repeated annually. The local rules relating to equipment were held on file and also displayed in the clinical areas where x-rays were used. The practice had an external radiation protection adviser (RPA). The practice had records in their radiation protection file demonstrating maintenance of x-ray equipment.

Radiography quality audits were carried out annually and we saw the completed audits for 2014.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) and the Department of Health Delivering Better Oral health toolkit.

We reviewed medical records and saw evidence of assessments that were individualised for patients. The assessment also included patients having an up to date medical history outlining medical conditions and allergies (which was reviewed at each visit). A social history was also taken so that habits such as eating, activity etc. could be taken into account when treating a patient. The reason for visit was documented with a full clinical assessment with an extra and intra oral examination. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

Health promotion & prevention

There was a range of information relating to health promotion available to patients in the waiting room. This included information relating to oral health and diabetes, smoking cessation and oral cancer.

Staff told us they were pro-active in promoting good oral health by discussing eating habits and lifestyle during consultations. Medical records we reviewed of consultations confirmed that staff discussed these issues with patients.

Staffing

All the clinical staff had current registration with their professional body, the General Dental Council and were all also up to date with their continuing professional development requirements. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 every five years]. The principal dentist was very confident in the ability of the dental team commenting that the team were all experienced.

We spoke with staff and they told us that they were supported to seek developmental opportunities. Staff developmental needs were identified through performance reviews which were carried out every six months. Training courses staff had completed included radiology, law and ethics and cross infection control.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. This included having a referrals policy for staff to follow when referring to others. They worked closely with a local orthodontist, and the local hospitals. In addition to this they worked closely with local care homes and rehabilitations centres and had a system of referral in place for residents. The dentist told us that details that all referrals included information about the patient's medical history, contact details and reason for referral were outlined. We saw that referrals were followed up with outcomes/ conclusions documented appropriately. The practice referred patients to NHS and private practices.

Consent to care and treatment

The provider had a consent policy in place and it outlined informed consent, patients' ability to give consent and where consent forms were required before treatment could be given. Standard NHS consent forms were used for routine consent. Written consent forms were available for minor oral surgery and extractions. To ensure staff understood all issues relating to consent and capacity a copy of the Mental Capacity Act (MCA) 2005 was available for staff to refer to. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The dentist had a good knowledge of the Act and explanations from staff we spoke with were thorough. Staff told us that the majority of patients who lacked capacity usually had a carer with them and they discussed treatment to ensure it was delivered in the best interests of the patients.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received 20 completed CQC comment cards and reviewed the results of the practice's annual patient satisfaction survey for 2014. Generally feedback was very positive. Staff were described as friendly and caring and treating patients with dignity and respecting their privacy.

We observed interaction with patients and staff in the waiting room and saw that staff interacted well with patient speaking to them in a respectful and considerate manner. We observed that consultations were in private and door were closed. Conversations could not be heard. The reception and waiting area was open plan; however staff told us that if patients needed to speak in private they were able to speak in one of the private rooms.

The manager told us that they treated patient confidentiality seriously. All personal and confidential information was stored securely and all computers were password protected with individual logins.

Involvement in decisions about care and treatment

Patient feedback we received confirmed that staff involved patients in their treatment planning. Patients commented that they were assisted to make informed decisions. This was because things were always explained to them and staff would ask them to confirm if they understood the treatment being offered.

Staff told us they explained the diagnosed problem and then went through treatment options available to patients, always outlining the risk and benefits so that patients were making informed decisions about their care and treatment. For example, the dentist used photos and models, to explain problems and demonstrate treatment that was available.

The medical records we reviewed demonstrated that people were involved in planning because it was documented in their clinical notes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The service was planned to meet peoples' needs. The practice offered appointments until 7.30pm once a week and accommodated urgent and non-routine appointments for patients. Feedback from patients indicated that the majority felt the appointment system was appropriate, although some commented that more late evenings would be beneficial. Patients told us appointments were offered to suit their needs. For example, mothers with children were offered appointments after school times or given lunch time slots so they could take their child for a check-up in the lunch break. In the event of a patient needing an appointment outside of these times, there was a message on the practice answer machine directing patients to call the emergency out of hours or '111' service. Appointments generally ran to time. The patient satisfaction survey for 2014 showed that approximately 20% of patients said they sometimes had to wait a short time to be seen. .

Tackling inequity and promoting equality

The patient population was very diverse with a high number of patients from Asian and Caribbean backgrounds. Staff spoke seven different languages between them including relevant Asian languages to meet their patient populations' needs. The manager told us that other than language requirements they had not identified and patients had not brought to their attention any adjustments that were required to accommodate their need. The diversity in the staffing structure enabled them to reduce inequality for patients accessing the service.

The practice leaflet and other information for patients was available in different formats including large print and other languages. Staff told us this was to ensure patients had equal access to services and reduce inequality. Patients we spoke with commented that they found this particularly useful.

There was step free access to the building and all the practice facilities were set out on one level. Once inside there was space for wheelchair users and prams to manoeuvre around the building, including access to a disabled accessible toilet

Access to the service

The practice had a comprehensive website with information about the staff team, treatments on offer, payment options and contact details. The practice also had a wide range of information in the patient waiting area including a practice leaflet and oral health advice. Appointments could be booked by calling the practice or sending an email. Emergency appointments slots were available every day. Even if the slots all filled patients were still advised to come and were seen as soon as a dentist was available. However some commented that the service would be enhanced if they offered more evening appointments. Patients were happy with the information available relating to access. All the patients we spoke with were aware of how to access emergency treatment in the event of needing to.

Concerns & complaints

The provider had a complaints policy and procedure in place This included how to make a complaint, response times and contact details in the event of them wanting to escalate it further. At the time of our visit there had not been any complaints in the past 12 months. The provider had an appropriate log to record complaints if and when they received them. Staff we spoke with demonstrated that they were aware of their procedure and explanations of how they would deal with a complaint were in line with their policy.

There was a sign displayed in reception and a leaflet available to patients outlining how to complain and how complaints were handled

Are services well-led?

Our findings

Governance arrangements

There were a range of policies and procedures to ensure effective governance arrangements. This included health and safety policies, staffing and recruitment policies and an infection control policy. Policies were available to staff electronically on their computers.

Staff meetings were held every four to six weeks and minutes were taken and circulated to staff. Informal meetings were held in the event staff needed to discuss an issue and did not want to wait for the formal meetings.

All staff we spoke with were clear about their roles and responsibilities and told us they felt supported to carry out their duties. They were aware of who the relevant leads were, for example the practice lead and infection control lead.

Dental care records we reviewed were complete, legible and accurate and stored securely on computers that were password protected.

Leadership, openness and transparency

The principal dentist was clear about the practice vision. The vision included providing a happy and safe environment for patients to be treated. We spoke with staff and they were also aware of the vision. The provider had systems in place to support communication about the quality of the service. This included having staff meetings to update staff and emails alerts to let staff know when new plans were in place. Staff spoke proudly of the service and the work they carried out, which was reflective of the vision they were aiming to achieve. Staff we spoke with were confident in approaching the principal dentist if they had concerns.

The principal dentist told us that they encouraged staff to be open and transparent and that they led by example and did the same. The practice had not received any complaints over the past 12 months however the principal dentist explained how complaints were dealt with. The explanations they gave was in line with their policy and expectations under the duty of candour. [Duty of candour is a requirement 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].

Management lead through learning and improvement

All clinical staff were up to date with their continuing professional development (CPD) and supported to pursue development opportunities. We saw that appraisals were conducted on an annual basis to further improve and develop staff. Staff we spoke with happy with the development opportunities. For example one member of staff commented about a management course that they had recently been signed up to attend. They felt this was beneficial for their personal development.

Practice meetings were held every four to six weeks. We reviewed the minutes of the last three meetings and saw that issues such that appropriate issues were discussed. For example in the minutes for April 2015 staff received fire safety update training and agreed that an annual refresher would be beneficial for learning and improvement.

We saw that appropriate audits were carried out as part of on-going improvement and learning. For example we reviewed a waste management audit completed in June 2014. Action required as a result of the audit was highlighted with appropriate completion dates. We also saw that the provider responded to feedback from patients to learn from and improve services. As a result of feedback from the patient satisfaction survey the provider was planning to carry out a patient waiting time audit. They had started collating information and there were plans to analyse the data collected at the end of June 2015.

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

Feedback from patients was gathered through an annual patient satisfaction survey. Results of the survey were analysed and themes and trends identified. At the time of our visit feedback from patients for 2014 had been collated and analysed. The results were generally positive. Results showed that whilst the majority of patients were seen at their appointment time, 20% said they had to wait for 5-10 minutes before being seen. As a result of this the practice had looked at why the delays were occurring, which was largely because of patients arriving late and fitting in non-routine appointments. The dentist told us actions were put in place to try to reduce waiting times. Patients were also encouraged to provide comments and compliments about the service.

Are services well-led?

The practice were also taking part in the NHS Friend and Family survey. Staff told us that they used this feedback to gauge and act on patients' feedback.

We saw evidence that the practice included staff in decisions about the practice. For example we reviewed the

minutes of the practice meeting held in April 2015 where the business continuity plan was discussed. Staff were given an opportunity to make suggestions for improving the plan.