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West Croydon Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 September 2016 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

West Croydon Dental Practice is a mixed NHS dental practice in Croydon. The practice is situated in a converted residential property. The practice is set out over three floors and has four dental treatment rooms, a patient waiting room with reception, a separate decontamination room for cleaning, sterilising and packing dental instruments and a staff office.

The practice is a training practice for the Dental Foundation Training (DFT) scheme. DFT provides postgraduate dental education for newly qualified dentists in their first (foundation) year of practice; usually within general dental practices. The principal dentist (also the registered manager) is a trainer for the DFT scheme and provides clinical and educational supervision. The practice currently has one dentist who is in their first (foundation) year of practice.

The practice is open 9.00am to 5.30pm Monday, Tuesday, Wednesday and Fridays and from 9.00am to 8.00pm on Thursdays. The practice has four dentist, three trainee dental nurses, a hygienist and an administrator.

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.

Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff. Lessons learnt were discussed amongst staff. Suitable pre-employment checks were carried out. There was an appointed safeguarding lead and all staff had completed safeguarding training.

Dental instruments were decontaminated suitably. Medicines were available in the event of an emergency. There was medical oxygen and staff had access to an automated external defibrillator (AED) in the event of a medical emergency. Regular checks were carried out to the defibrillator and oxygen cylinder.

No action



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. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Referrals were made appropriately.

Staff were up to date with their CPD requirements and we saw evidence of training beyond this also.

The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion and maintaining good oral health.

No action



Are services caring?

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

We received feedback from 12 patients via completed Care Quality Commission comment cards and speaking with patients on the day of the inspection. Feedback from patients was positive. They described staff as friendly and professional.

Patients stated that they were involved with their treatment planning and were able to make informed decisions. We saw examples of equipment used to make the patient experience more comfortable and considerate of patients' needs. Patients referred to staff as being caring, empathetic, and professional and treating them with dignity and respect. They felt involved in their treatment and gave examples of where staff had ensured they understood treatment.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The service was aware of the needs of the local population and took those these into account in how the practice was run. Reasonable adjustments were made for patients when necessary. Patients could access appointments and urgent and emergency care was provided when required.

The practice had level access into the building but the dental surgeries were not wheelchair accessible. Staff told us that they had a list of other practices in the local area that were wheelchair accessible which they could refer people to.

There were systems in place for patients to make a complaint about the service if required.

Are services well-led?

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

The practice held various meetings for the smooth running of the practice. Staff told us they were happy with the way information was shared with them and arrangements that existed for them to be informed. Audits were being completed regularly. Governance arrangements were in place for the management of the practice. Risk assessments and servicing of equipment was being carried out at timely intervals.

No action 

West Croydon Dental Practice

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 was carried out on 14 September 2016 by a CQC inspector who was supported by a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the principal dentist, a trainee dental nurse and receptionist and reviewed policies, procedures and other documents. We received feedback from 12 patients via comment cards that we had asked patients to complete, and also speaking with patients.

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

Staff demonstrated an awareness of general incident reporting and RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013). The practice had an accident and reporting policy with associated forms to complete in the event of an accident.

The practice reported that there had been two accidents (both needle stick injuries) over the past 12 months. We reviewed the documentation for both and saw that they had been recorded in line with their policy including reporting to occupational health. Both accidents had been discussed at the operational meetings for learning and development purposes. We saw that learning was documented in the meeting minutes and changes implemented as a result to prevent/ minimise future incidents.

We spoke with the principal dentist about the handling of incidents and the Duty of Candour. The explanation was in line with the duty of candour expectations. [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].

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). The administrator and principal dentist received the alerts. The administrator explained that MHRA alerts were a standard agenda item for the monthly operational meeting. The administrator gave an example of a recent alert relating to safety when using three pin plug covers and explained the changes they had made as a result of this alert.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Relevant

contacts for reporting safeguarding concerns outside the practice were displayed in the staff room. Training records showed that staff had received safeguarding training for both vulnerable adults and child protection to level two.

Dentists were responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU directive on the use of safer sharps.

The dentists in the practice were 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 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 histories were reviewed at each subsequent visit and updated if required. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Regular checks were carried out to the AED to ensure it was working. Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen cylinder we saw were all within their use by date and stored in a central location known to all staff. Emergency medicines were checked on a weekly basis.

Are services safe?

Staff recruitment

There was a full complement of the staffing team. The team consists of a principal dentist, two associate dentists, one trainee dentist, three trainee dental nurses, a hygienist, two receptionists and an administrator.

All relevant staff had current registration with the General Dental Council the dental professionals' regulatory body. The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. These checks included for example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. We reviewed seven staff files and saw that all files were up to date with relevant information including interview notes and copies of curriculum vitae and references.

We saw that all staff had received appropriate checks from the Disclosure and Barring Service (DBS). [These are 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].

Monitoring health & safety and responding to risks

The practice had a health and safety policy, to monitor health and safety. The policy was reviewed annually.

The practice carried out a practice risk assessment annually. We reviewed the risk assessment carried out on the 14 April 2016. The assessment included identifying potential hazards, assessing who was at risk and the control measures to minimise the risks. We saw that actions arising as a result of the assessments were addresses promptly. They also completed a health and safety self-assessment audit annually. This was a comprehensive assessment which looked at staff welfare arrangements, pressure vessel regulation compliance and radiation protection compliance. This assessment had been last carried out on the 1 September 2016.

There was a business continuity plan. The plan outlined all possible business continuity events and how they would be handled. Relevant contact telephone numbers for services such as electrician, gas engineer and utilities were outlined in the plan. All staff had signed the policy to confirm they had read, understood and knew how to locate it.

There was a fire risk assessment which had been completed in October 2013. The assessment highlighted areas of improvements and had an associated action plan. Since the external assessment the practice had conducted its own risk assessments on an annual basis.

Fire equipment was serviced annually (last serviced in January 2016). Smoke alarms and fire alarms were tested weekly. Fire drills were carried out every six months. Fire evacuation plans were displayed in appropriate areas. Staff had received fire awareness training and there were appointed staff responsible for certain areas, (i.e. receptionists were responsible for clearing the reception area.

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. The nurse was the infection control lead.

There was a separate decontamination room with a clear end to end flow of "dirty" to "clean" instruments in line with current guidance. There were three sinks in the decontamination room in line with current guidance. One of the dental nurses 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). This included manually cleaning the instruments; 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 date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

There were two autoclaves. The logs from the autoclaves provided evidence of the daily, weekly and monthly checks and tests that were carried out on the autoclave to ensure it was working effectively.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in the surgery and decontamination room. Clinical waste was stored appropriately in a secure external area until collection by an external company, every month.

Are services safe?

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. Wall mounted paper hand towels were available.

The surgery was visibly clean and tidy. We were told the dental nurses were 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. We observed all areas of the practice to be clean and tidy on the day of our inspection.

The practice had an external Legionella risk assessment which was due to be reviewed in May 2017. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Water temperatures were checked appropriately.

The practice was carrying out regular infection control audits every six months.

Equipment and medicines

The practice had portable appliances and carried out PAT (portable appliance testing) every year. Appliances were last tested in September 2016 and were due for re-test in September 2017. There were two autoclaves (although one was not working at the time of our inspection) They were both last serviced in December 2015 and servicing was due in December 2016. They had two compressors. They were

both serviced in July 2016. Servicing was carried out annually and they were inspected every two years. The suction pump motor was serviced annually having last been serviced in July 16.

Other servicing included gas safety check, electrical safety and security alarm testing. All had been carried out in accordance with recommended timescales.

Radiography (X-rays)

The practice had a radiation protection file. The principal dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

The radiation protection file evidenced that the equipment was being serviced in line with manufacturer's recommendations. Critical examination testing had also been completed. Health and safety executive notification was in the file and local rules were displayed.

All the dentists had completed Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 (IRMER) training in line with their CPD requirements.

Quality assurance was completed for each X-ray and a further audit completed every six month on a sample of X-rays. The X-ray audits were detailed and comprehensive with thorough analysis. Where issues were identified with X-rays, actions were put in place to improve.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The principal dentist told us they carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described to us how they carried out their assessment of patients for routine care. This included the patient being asked to complete a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. A treatment plan which included where applicable the costs involved was then given to the patient.

Dental care records that were seen demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (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). These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

We saw evidence that clinicians in the practice were proactive with giving patients health promotion and prevention advice.

Preventative advice included tooth brushing techniques and dietary advice. Smoking and alcohol advice was given to patients where appropriate. This was in line with the Department of Health guidelines 'Delivering Better Oral Health'. (Delivering better oral health is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. Dental care records we observed demonstrated that dentists had given oral health advice to patients. A range of dental hygiene products to maintain healthy teeth and gums were available for patients; these were available in the reception area. Underpinning this was a range of leaflets available to patients explaining how patients could maintain good oral health.

Staffing

All clinical staff had current registration with their professional body, the General Dental Council. We saw example of staff working towards their continuing professional development requirements, 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]. Staff were well supported to maintain their skills and knowledge to deliver effective care and treatment, through training and development opportunities. We saw examples of staff completing core training as well as additional training. Basic life support was provided by the practice on an annual basis with all staff.

The practice was a teaching practice and there was a clear commitment to staff remaining effective. The principal was an educator in dentistry and the practice is a member of the British Dental Association (BDA) Good Practice scheme. This is a quality assurance programme that allowed its members to communicate to patients an ongoing commitment to working to standards of good practice on professional and legal responsibilities. They used these roles to improve the knowledge and skills of the staff in the practice.

Working with other services

The practice had processes in place for effective working with other services. There was a standard template for referrals such as orthodontists, sedation and oral surgery. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records.

Consent to care and treatment

We spoke with the principal dentist about how they implemented the principles of informed consent. The dentist had a very clear understanding of consent issues and also told us they referred to the organisations consent policy.

All staff demonstrated sufficient knowledge of understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care

Are services effective?

(for example, treatment is effective)

professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them]. Most staff had completed recent mental capacity Act training.

Dental care records we checked demonstrated that consent was obtained and recorded appropriately.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The treatment rooms provided patient privacy and conversations between patients and dentists could not be heard from outside the treatment room.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We received feedback from 12 patients which included the completed CQC patient comment cards and speaking with patients on the day of the inspection. The feedback provided a positive view of the service the practice provided.

Patients provided positive examples of how they had been respected and treated with dignity. Patients commented that the service and quality of care they received was good. We observed that reception staff were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

The results of the patient survey showed that all 20 patients who participated “strongly agreed” or “agreed” that they were treated in a caring and courteous manner.

Involvement in decisions about care and treatment

The patient feedback we received confirmed they felt involved in their treatment planning and received enough information about their treatment. Patients commented that treatment was explained well, often with the use of models and aids. The results of the practice patient survey also indicated that patients felt involved. From the surveys we reviewed we noted that 100% of patients said they felt they were involved appropriately.

Information relating to costs was always given to patients and also clearly displayed in the patient waiting area and in the practice leaflet. Reception staff also provided printed copies of costs for patients. All patients received a treatment plan which outlined their treatment, options given and costs.

The results of the patient survey showed that 19 patients strongly agreed that the dentist listened to what they had to say and 18 strongly agreed that their treatment was properly explained.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Staff gave us various examples of how they responded to patient's needs. For example, the practice had amended their opening times and introduced evening appointments on a Thursday in response to patients who said they found it difficult to get back from work on time for appointments. They also booked longer appointments for nervous patients and book appointments at quieter times of day for older patients who feel vulnerable when travelling during busy periods.

Appointment slots were left free every morning and afternoon with dentist to accommodate emergency and non-routine appointments. Any patient who called and reported that they were experiencing pain were asked to attend the surgery and would be seen as soon as possible.

Tackling inequity and promoting equality

The local population was diverse with a mix of patients from various cultures and background. The staff team was diverse and staff had access to language line. The staff team were multi lingual spoke various languages including Polish, French, Romanian, Gujarati and Hindi and this accommodated many of their patients.

The practice was set out over three levels and the entrance had one small step. Patients using pushchairs could access the building with ease. One surgery was on the ground

floor and the other three were all on the first floor. The building was not wheelchair accessible however the practice had a list of practices in the local area that were which they could refer patients to.

Access to the service

The practice was open 9.00am to 5.30pm Monday, Tuesday, Wednesday and Fridays and 9.00am to 8.00pm on Thursdays. Patients were able to access emergency care when the practice was closed through the local out of hour's service. This information was publicised via a poster in the waiting area and on the practice door. There was also a message on the telephone answering machine when the practice was closed.

The administrator told us that people were usually seen within a timely manner and waiting times were very good. We reviewed the results of the most recent waiting times audit in 2015 and the results showed that 95% were seen within acceptable timescales.

Concerns & complaints

There had been two complaints in the past 12 months. We reviewed the complaints policy and spoke with staff about the handling of complaints. Appropriate action had been taken in responding to the complaint which included a full explanation being given to the patient and an apology. The outcome of the complaint was discussed at the following operational meeting, including learning as a result of the complaint.

Patients were made aware of how to complain through a poster displayed in the patient waiting area and the patient information leaflet.

Are services well-led?

Our findings

Governance arrangements

The whole team played a part in the day to day running of the practice. The practice maintained a wide range of policies and procedures. They were accessible to staff through files in the staff office. This included health and safety, staff recruitment and staffing.

Dental care records were stored electronically. All staff had access to the system. Computers were password protected and only accessible to authorised staff.

Staff told us that audits completed over the last 12 months included audits on waste management, environment cleaning, display screen equipment, patient satisfaction, record keeping, patient waiting times, medical history and antibiotic prescribing. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. For example a record keeping audit of 20 dental care records was carried out in June 2016. The audit identified that whilst medical history forms were being updated, this was not being updated on the computer to reflect this. It also needed to record oral cancel checks as well. We saw that the practice planned to take action to rectify the shortfalls.

Leadership, openness and transparency

Staff in the practice were clear about their lines of responsibilities. Leadership was clear with the principal dentist having a clear presence. The principal told us that they defined roles and responsibilities with staff at their appraisals and at the various meetings.

The practice had sets of values in place for all staff. The principal told us that the values were put together by the whole staff team and were created in a bid to make everyone accountable. He explained that he created a culture of transparency, dedication and inspired all staff to be accountable. All the staff we spoke with were aware of the values relating to their role and embraced them.

We discussed the Duty of Candour requirement in place on providers with the principal dentist and the administrator they demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients and staff. The

explanations were in line with the expectations under the duty of candour. We saw evidence of this through our review of team meeting minutes. The practice had a duty of candour policy which all staff had signed to confirm they had read it.

Learning and improvement

The practice held regular staff meetings to update staff and improve the service. An operational meeting was held once a month. The purpose of the meeting was to deal with any issues that prevent staff from doing their work. Dental nurses meetings were held every two months as were the reception meetings. General practice meetings were conducted every three months. We reviewed meeting minute notes and saw that topics discussed included incident reporting, complaints, practice developments and staffing issues. Staff confirmed they found the meetings useful.

All staff appraisals were carried out annually by an external appraiser. Staff had a mid and end of year review. We reviewed staff appraisals.

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

The practice took part in the NHS Friends and family test. We reviewed the results for July and August and saw that the vast majority of patients said they were 'extremely likely' to recommend the practice to relatives.

Staff gave us examples of feedback received from patients to improve the service. This included comments from patients about how they were being called for their appointments. Staff were calling from the top of the stairs and patients felt they should be coming to collect them from the waiting room.

The practice analysed results from its own patient surveys annually. Results from the last audit showed patients wanting improvements in booking appointments and waiting times.

Staff confirmed that their views were sought and they were encouraged to provide feedback about the service. All staff had a book which they can put comments and feedback in. The books are given to the administrator before meetings and their comments discussed at the next relevant meeting.