Mr. Arvind Jain

Mr Arvind Jain - Bath Road

Inspection Report

Hounslow West Dental Practice
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Overall summary

We carried out an announced comprehensive inspection on 5 October 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

Mr Arvind Jain's practice (also known as Hounslow West Surgery) provides NHS dental services to adults and children and also offers private treatments. Dental services include oral health promotion, routine examinations and treatment, bridges and veneers.

The practice is located on the first floor of the building and is accessible by stairs. The surgery has two treatment rooms, a reception area with seating and an accessible toilet. The practice is staffed by one principal dentist, (who is the owner), two practice nurses and reception staff. At the time of the inspection, a vocational equivalent trainee dentist was also working at the practice.

The practice is open Monday to Friday between 8.00am and 6.00pm and Saturday morning.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

The inspection took place over one day and was carried out by a team of two CQC inspectors and a dentist specialist advisor. Eleven patients provided feedback about the service.

Patients we spoke with, and those who completed comment cards, were positive about the care they

Summary of findings

received from the practice. Patients described the service as good and the staff as friendly. They said they were kept informed, including about the costs, and involved in decisions about their care.

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).
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, oxygen cylinder and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints.
- The principal dentist was a visible leader and staff told us they were well supported by the dentist and their colleagues.
- Governance arrangements were effective in improving the quality and safety of the services.

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

- Review the practice's infection control procedures and protocols giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice.
- Review the practices' current Legionella risk assessment and implement the required actions including regularly monitoring and recording water temperatures giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review availability of an interpreter services available to patients who do not speak English as a first language.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff. Review practice's recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Install privacy film (or some other method of screening or blind) to the internal window in the treatment room to protect patient privacy.

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. The practice had policies and protocols related to the safe running of the service. Staff were aware of practice procedures and were following them. There was a safeguarding lead and staff understood the responsibility to report any potential abuse.

Equipment was well maintained and checked for effectiveness. The practice had recruitment and performance monitoring processes in place. Staff engaged in on-going training to keep their skills up to date. The practice had effective systems in place to manage infection control and waste disposal, management of medical emergencies and dental radiography. However, improvements could be made in periodically auditing the infection control practice and procedures.

Are services effective?

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

The practice team demonstrated they followed relevant guidance, for example, issued by the National Institute for Health and Care Excellence (NICE) and The Department of Health (DH). The practice monitored and advised patients about oral health. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments.

The practice maintained appropriate dental care records, and details were updated regularly. The practice worked with other providers to ensure that patients were suitably referred for specialist treatment if required.

Staff engaged in continuous professional development (CPD) and were meeting the training requirements as part of their registration requirements with the General Dental Council (GDC).

Are services caring?

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

We received feedback from eleven patients through comment cards and interviews that they were treated with dignity and respect. Patients told us the practice staff were kind and welcoming and able to put them at ease.

We found that dental care records were stored securely. Patient confidentiality was generally well maintained.

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 appointments, including emergency appointments. The practice saw patients with an urgent problem the same day if required and the principal dentist was also accessible out of hours in an emergency. There was evidence of good communication between staff and patients.

Patients were invited to provide feedback through a suggestion box in the waiting area. Information about how to make a complaint was displayed in the reception area and the practice leaflet.

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 effective leadership and an open supportive culture. Governance arrangements were in place to guide the management of the practice. This included having appropriate policies and procedures and regular staff meetings. Staff meetings were held monthly and were used to share learning and best practice strategies. Patient feedback was obtained and reviewed periodically.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced, comprehensive inspection on 5 October 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by another CQC inspector and a dentist specialist advisor.

We reviewed information received from the provider prior to the inspection. We informed the local Healthwatch that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents. We spoke with the members of staff who were at the practice on the day, including the principal dentist, the trainee dentist, the dental nurse and reception staff. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed the dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed feedback from eleven patients either in the form of comment cards completed in the days preceding the inspection or obtained by interview on the day.

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 an effective system in place for reporting and learning from incidents. There was a policy in place which set out the actions that staff needed to take in the event of an error, accident or 'near miss'. Staff knew how to report incidents, and learning was shared in team meetings which were documented. The principal dentist told us that if patients were affected by an incident, they would be given an apology and informed of any actions taken as a result. There had been no recent incidents in the last year.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team. This information was accessible to staff and clearly displayed for staff reference.

The principal dentist was the lead for managing safeguarding issues. Staff had completed child protection training to an appropriate level and were able to describe potential indicators of abuse or neglect and how they would raise concerns.

Staff understood the concept of 'whistleblowing' and knew it was their professional responsibility to report concerns of this nature and seek advice for example to the appropriate professional body. The practice had a whistleblowing policy on file for staff reference.

The practice had carried out a range of risk assessments and implemented policies and protocols with a view to keeping staff and patients safe. For example, they carried out an annual environmental risk assessment. The staff were able to explain routine risk assessments and checks they undertook and how these were recorded. The practice team could demonstrate that they followed up any issues identified.

The practice followed national guidelines on patient safety. For example, the practice used rubber dam for root canal treatments. (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 emergencies

The practice had arrangements in place to deal with medical emergencies. All staff had received training in emergency resuscitation, basic life support and use of defibrillators. This training was renewed annually. The practice had suitable emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included relevant emergency medicines, oxygen and an automated 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). There were face masks of different sizes for adults and children. The equipment was checked by staff on a weekly basis and a record of the tests was kept.

We were told that the practice had recently experienced a patient becoming rapidly unwell on the premises and had managed the situation in line with their emergency procedure. The practice had used this incident as an opportunity for review and learning.

Staff recruitment

The practice staffing consisted of the principal dentist, two dental nurses and reception staff. A vocational equivalent trainee dentist also worked at the practice.

We reviewed the practice's recruitment records for all staff members. The practice was able to demonstrate that appropriate checks had been carried out and effective recruitment and selection procedures had been used. Staff confirmed that they had been asked to provide information for example, confirming proof of identity. The practice's own recruitment records were not always complete, for example records of employer references were missing from some files. We saw however, that the practice reviewed employment history, relevant qualifications, immunisation status, professional registration with the General Dental Council (where applicable) and obtained criminal records checks from the Disclosure and Barring Service (DBS) for clinical staff. All qualified clinical staff were registered with the General Dental Council.

Are services safe?

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a comprehensive COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks. We saw that COSHH products were securely stored. Staff training files indicated that staff had received relevant training in managing COSHH products.

The practice had an arrangement in place with another practice to provide continuity of care in the event that the premises could not be used or the principal dentist was on leave and kept key contact details on file in the event of unexpected incident or closure.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. The principal dentist was the infection control lead. The daily monitoring of infection control procedures was carried out by the dental nurse, who demonstrated a good understanding of the correct processes. Staff files we reviewed showed that all staff had attended training in infection control in the previous 12 months.

The practice followed most of the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM01-05)'. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the autoclave.

A thermometer was used to measure the water temperature during manual cleaning and an illuminated magnifier was used to check for any debris during the cleaning stages. An ultrasonic cleaner was in use to clean instruments. After cleaning, items were placed in an autoclave (steriliser).

The instruments were labelled with the date of sterilisation indicating how long they could be stored for before the sterilisation became ineffective. An automatic data logger recorded any faults in the sterilisation process when items were put through the autoclave. The practice used a system of daily logs recorded by a member of staff to monitor the effectiveness of the sterilisation process as well as keeping records from the automatic logger which we viewed. We saw that appropriate daily, weekly and quarterly tests were carried out for the autoclave and the ultrasonic machine. The decontamination room was free of clutter and well organised, although there was no paper towel dispenser.

Suitable hand washing facilities were available and handwashing posters detailing the steps in effective handwashing were on display. Daily checklists were in use to ensure correct cleaning protocols were followed in each treatment room. Dental nurses wore appropriate protective

equipment, such as heavy duty gloves, disposable aprons and eye protection.

The practice had an on-going contract with a clinical waste contractor. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps. Evidence was seen of a sharps protocol and staff demonstrated awareness of this protocol. The protocol outlined means of reducing the risk of a sharps injury and what to do if an incident did occur.

Records showed that a Legionella risk assessment had been carried out by an external company. The practice had acted on most of the recommendations apart from undertaking monthly water temperature checks.

The premises appeared clean and tidy. There was a good supply of cleaning equipment which was stored appropriately. The practice had a contract with an external cleaner to clean non-clinical areas. Practice staff cleaned all clinical areas. The practice took into account national guidance on colour coding equipment to prevent the risk of infection spread.

The practice had not audited its infection control practices in the last year.

Equipment and medicines

The practice was equipped with appropriate specialist equipment for the range of treatments it provided. We found that the equipment used at the practice was

regularly serviced and well maintained. For example, we saw documents showing that the electrical equipment, fire equipment and X-ray equipment had all been inspected and serviced.

Medicines were stored safely and could not be accessed inappropriately by patients. The emergency medicines were also stored securely. However batch numbers and expiry dates for local anaesthetics and a small stock of antibiotics were not recorded which would provide greater traceability. The practice had fridge space to store temperature-sensitive items and medicines and monitored the temperature of the fridge.

The practice had a written protocol for reporting drug reactions or other side effects via yellow cards to the British National Formulary.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. Digital X-rays were in use and there were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. The principal dentist was the named radiation protection supervisor (RPS). Evidence of radiation training for staff was seen and a radiograph audit had been carried out in 2013.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we discussed patient care with the dentists and checked dental care records to confirm the findings. We found that the dentists regularly assessed patient's gum health, and soft tissues (including lips, tongue and palate) were regularly examined. The

records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) In addition we noted that more detailed measurements of patient's gums were routinely carried out. We found that patients' medical history records were updated regularly.

In the record cards we viewed we noted that the dentists had recorded the justification, findings and quality assurance of X-ray images taken. The practice kept up to date with current guidelines. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to the appropriate management and extraction of impacted wisdom teeth.

The practice had a protocol for obtaining and updating patients' medical history. This was obtained in writing when a patient first registered and, updated verbally at every visit. Patients then reviewed and signed to indicate their medical history was accurately recorded before every course of treatment.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Both dentists told us they discussed oral health with their patients, for example, effective tooth brushing. The records we looked at included evidence that the practice routinely provided health promotion and prevention advice. We observed that there were health promotion materials and information displayed in the waiting area and available for staff to give to patients. For example, the practice had information on the 'Stoptober' campaign and details of locally available support for smoking cessation.

Staffing

Staff told us they received appropriate professional development and training. Staff training covered all mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies and infection control. Staff told us they had opportunities to keep up to date with their clinical practice and to develop particular clinical interests. The trainee had a weekly supervision session with the principal dentist which they said they found very helpful but they said they also discuss any questions or issues more informally with the dentist at any time.

There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice. Staff also signed to indicate that they had read key practice policies.

Administrative staff told us they had enough support and opportunities to develop if they wished. However, they had not received an annual appraisal.

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. The dentists used a system of onward referral to other providers, for example, for oral surgery or conscious sedation. Referrals were followed up and the outcomes were appropriately recorded in patient's notes.

The practice had developed a buddy arrangement with a nearby practice to ensure patients had access to dental services when the principal dentist was away.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Patients we spoke with on the day of the inspection confirmed that in their experience, the dentists took the time to explain treatments including possible side effects.

All patients were provided with written treatment plan forms outlining their care plan. Evidence of discussed treatment options, including risks and benefits, as well as costs, was seen in the records we viewed.

The dentists and dental nurses were aware of the Mental Capacity Act (2005). Staff did not have recent experience of patients without the mental capacity to make decisions about their treatment, but, they were able to describe to us

Are services effective?

(for example, treatment is effective)

their responsibilities to act in patients' best interests if patients lacked some decision-making abilities. 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.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The feedback we received from patients was positive. Eleven patients provided feedback about the service and most patients commented that they received a good service. We observed that staff were welcoming and helpful when patients arrived and over the telephone. Staff were able to provide examples of how they supported more anxious patients and children.

The practice obtained regular feedback from patients through a 'Family and Friends' feedback survey and box. The data was reviewed periodically. We saw the most recent feedback cards which were positive with patients indicating their needs and expectations had been met.

The staff were careful to protect patient privacy. Confidential information was kept out of sight in public areas and doors were kept closed when patients were in the treatment rooms. However, one of the treatment rooms was fitted with an internal window and it would be possible for people to see into the treatment room as they passed. We discussed this with the dentist who told us they would review the options for improving privacy in this room.

Involvement in decisions about care and treatment

Patient feedback indicated that the practice kept patients informed about their treatment and involved them in decisions. Several patients commented specifically about how good their dentist was at communicating and explaining different options. One patient told us that the dentist used diagrams and models to help their understanding. There was corroborating evidence in dental care records that patients' preferences and wishes had been noted and acted upon.

The practice provided information in the waiting area about some of the dental treatments available. The practice had its own website which had some limited information for patients about the practice and the services provided. The practice displayed information about private dental fees and dental payment plans. The practice gave patients a copy of their treatment plan which included the cost.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The principal dentist and nurses gave a clear description about which types of treatment or reviews would require longer appointments.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see the dentist. The feedback we received from patients confirmed that they could get an appointment when they needed one and when convenient. Patients told us they had enough time scheduled with the dentist at each consultation.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service and had adjusted its service to meet the needs and preferences of its patients. The practice was located on the first floor of the building and was not wheelchair accessible. We were told other wheelchair accessible dental practices were nearby to which patients could be referred. However, the practice had made physical improvements to the premises, widening the staircase and installing double handrails so the stairs were easier to climb. We were told these changes were prompted by patient comments and suggestions.

Staff told us they treated a diverse local community and welcomed patients from diverse backgrounds and cultures. However while we were told that occasionally patients did not speak English well, the practice did not use an interpreter service. Instead the practice relied on patients to bring someone who could interpret with them.

Access to the service

The practice was open Monday to Friday from 8.00am to 6.00pm and Saturday morning. The practice displayed its opening hours on their premises and on the practice website. New patients were also given a practice information leaflet which included the practice contact details and opening times. Patients were given a contact number for the dentist to use in an emergency if the practice was closed.

The practice allowed space in the daily appointment schedule for urgent and emergency appointments, such as, for patients attending with dental pain. The principal dentist was available on-call when not attending the practice. Staff consistently told us that they were usually able to fit in emergency patients and did not as a rule turn patients in need away.

Concerns & complaints

Information about how to make a complaint was displayed in the waiting area, and in the patient information leaflet. There had been no complaints recorded in the past year. The staff told us they tried to respond to and resolve any issues as they arose. Patients we spoke with were not aware of the complaints procedure but told us they had never wished to make a complaint.

The practice also had installed a 'Family and Friends' feedback survey and box. We reviewed the most recent feedback cards which were very positive.

Are services well-led?

Our findings

The practice had governance arrangements and a clear management structure. There were relevant policies and procedures in place. Staff were aware of the practice policies and procedures and acted in line with them.

Records, including those related to patient care and treatment were kept accurately. Policy documents, such as the safeguarding children and vulnerable adults policies were clearly tailored to the practice, reviewed and updated.

The practice was somewhat disorganised in its policy documentation however. We were able to see all policy documents requested on the day although it sometimes took time to locate the right document.

The practice had recruitment and training procedures and staff were being supported to meet their professional standards and complete continuing professional development standards set by the General Dental Council. The principal dentist was positive about their role in supporting a vocational equivalent trainee dentist and providing ongoing supervision and support.

There were arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits, for example of X-rays. However, the practice had not carried out an audit of its infection control in recent years.

Practice meetings were scheduled to take place every other month and minutes were kept. We saw that a range of governance issues had been discussed. The meetings were scheduled to enable as many of the team to attend in person as possible.

Leadership, openness and transparency

We spoke with the principal dentist who outlined the practice's ethos for providing a good quality, convenient NHS dental service for patients in West Hounslow. The dentist had been practicing in the area for many years and was proud of the service.

The staff we spoke with described a transparent culture which encouraged openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentist. They felt they were listened to when they did so. The practice did not have a system of formal staff appraisals in place.

Learning and improvement

All clinical staff were up to date with their continuing professional development (CPD). All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

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

The practice gathered feedback from patients through the use of the nationally standardised 'Family and Friends' test which involved distributing short feedback cards to patients. The feedback received was reviewed periodically and the returned cards were all positive. The practice had acted on patient feedback to improve the service. Staff commented that the principal dentist was open to staff feedback and ideas for improvement.