

Dr Rashpal Kaur Saggi

dentael

## Inspection Report

6 Medway Parade

Perivale

UB6 8HR

Tel: 0208 997 0006

Website: [www.dentael.com](http://www.dentael.com)

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### Overall summary

We carried out an announced comprehensive inspection on 16 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.

Dentael is located in Middlesex and provides private dental services to all age groups. The practice opened and started treating patients in January 2014.

The practice team included the provider, two trainee dental nurses and two locum dental nurses.

We reviewed 13 Care Quality Commission (CQC) comment cards completed by patients who were very positive about the care they received from the practice. They commented that staff were caring, respectful and helpful.

The provider is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

#### **Our key findings were:**

- The practice had systems in place to help ensure patient safety. This included effective instrument decontamination practices.
- Staff had received training appropriate to their roles.
- Staff were knowledgeable about patient confidentiality
- Patients were able to make routine and emergency appointments when needed
- The patient comment cards we reviewed indicated that patients were consistently treated with kindness

# Summary of findings

and respect by staff. It was reported that communication with patients, access to the service and the dentist, was good. Patient feedback slips consistently rated the practice and staff as excellent.

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

- Ensure waste is secured in accordance with relevant regulations giving due regard to guidance issued in the Health Technical Memorandum 07-01 (HTM 07-01).

# 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 a system to assess and manage risks to patients. They had safe systems in place including for decontamination of dental instruments, health and safety, staff recruitment and training and the management of medical emergencies.

Staff told us they felt confident about reporting incidents and accidents. There had been no incidents in the past year.

### **Are services effective?**

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

Patients told us through comment cards that they were given time to consider and make informed decisions about which treatment option they wanted. The dental care records we looked at included details of the condition of the patient's teeth and soft tissues lining the mouth and gums. The provider ensured there were sufficient staff to meet patient needs.

Staff received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD) and were meeting the requirements of their professional development.

### **Are services caring?**

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

We looked at 13 CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. There were no patients booked at the time of the inspection.

### **Are services responsive to people's needs?**

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

We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots for urgent or emergency appointments each day.

We observed the waiting area was large enough to accommodate patients with wheelchairs and prams. The layout allowed for easy access to the reception area, toilet and treatment rooms.

### **Are services well-led?**

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

The practice had systems in place to seek and act upon feedback from patients using the service, including carrying out a patient survey. The provider ensured there were systems to monitor the quality of the service that were used to make improvements to the service. Audits were being reviewed twice a year. Staff demonstrated an awareness of the practice's purpose and were proud of their work and team.

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## Detailed findings

### Background to this inspection

An announced inspection was carried out on the 16 June 2015 by an inspector from the Care Quality Commission (CQC). They were accompanied by a dentist specialist advisor.

Prior to the inspection we reviewed information we held about the provider and by other organisations.

During the inspection we toured the premises and spoke with the provider who is the principal dentists and two trainee dental nurses. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We obtained the views of 13 patients who had filled in CQC comment cards.

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

There was a system in place for reporting and learning from incidents. There were no incidents recorded in the past year. Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

### Reliable safety systems and processes (including safeguarding)

The practice had a child protection policy in place. This provided staff with information about identifying, reporting and dealing with suspected abuse. The policy was readily available to staff. There was also a policy on safeguarding adults at risk; Staff had contact details for the local authority's child protection and adult safeguarding teams. The staff we spoke with demonstrated they knew how to report concerns and who they would contact if they suspected abuse.

The provider was the safeguarding lead for the practice. Safeguarding was identified as essential training for all staff to undertake. We saw records that staff had attended training in May 2015.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (for example from handling needles or sharp instruments). The practice used a disposable safety local anaesthetic syringe to support staff to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. The dentists undertook root canal treatment and told us rubber dam was used in line with guidance from the British Endodontic Society.

### Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). An emergency resuscitation kit and an Automated External Defibrillator (AED) were available. (An AED is 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). Oxygen and medicines for use in an

emergency were available and complied with latest recommendations from Resuscitation Council (UK) and the BNF. Records showed regular checks were made to help ensure the equipment and emergency medicines kit was safe to use.

Staff had completed training in emergency resuscitation and basic life support in March 2015. Staff we spoke with knew the location of all the emergency equipment in the practice and how to use it. There was an appointed first-aider, and an easily accessible first aid kit. .

### Staff recruitment

The practice had a policy and documentation in place for the safe recruitment of staff which included seeking references, checking qualifications and professional registration. The provider told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff and we saw evidence of this in the four staff files looked at. These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post.

The provider checked the professional registration for qualified clinical staff to ensure professional registrations were up to date.

### Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place. The practice had undertaken a number of risk assessments in order to identify and manage risks to patients and staff. For example, we saw risk assessments for radiation, electrical faults and fire safety, which were up to date.

The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants. Hazardous substances were stored in a restricted area.

### Infection control

The provider ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. The practice had followed the guidance about decontamination and infection control issued by the Department of Health,

# Are services safe?

namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'.

Posters about good hand hygiene and the decontamination procedures were displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment room appeared visibly clean. Instrument decontamination was carried out in a dedicated decontamination room. The provider and a trainee dental nurse showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments; packaging and storing sterilised instruments. Staff wore appropriate protective equipment such as eye protection, an apron, heavy duty gloves and a mask while instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. We saw instruments were stored in pouches and dated to indicate when they should be reprocessed, if left unused.

The practice had systems in place for daily, weekly, quarterly and annual quality testing the decontamination equipment and we saw records which confirmed these had taken place.

Records showed a risk assessment process for Legionella had been carried out in the last year. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified. Preventive measures had been recommended to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month. We saw records that these tests and checks were being undertaken.

We observed waste was separated for disposal by a registered waste carrier and documentation was detailed and up to date. However, waste bags were not always being secured in accordance with guidelines issued in the Health Technical Memorandum (HTM) 07-01.

The practice had audited its infection prevention and control procedures in June 2015 to assess compliance with HTM 01-05. This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

## Equipment and medicines

There were systems in place to check and record that all equipment was in working order. These included annual checks of electrical equipment such as portable appliance testing (PAT). Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. This helped ensure there was no disruption in the safe delivery of care and treatment to patients.

Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date. The practice had procedures regarding the prescribing, recording, dispensing and use of the medicines used in clinical practice. The dentists dispensed antibiotics when required. These were securely stored with appropriate labels and information was recorded in the patients' dental care record about the antibiotic dispensed and instructions given to patients. The batch numbers and expiry dates for local anaesthetics were recorded and these medicines were stored safely for the protection of patients.

Prescription pads were not in use at the time of the inspection and no medication was stored in the fridge.

## Radiography (X-rays)

The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. The file identified the radiation protection advisor (RPA) and radiation protection supervisor (RPS) for the practice.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw that the local rules relating to each X-ray machine were available. The last X-ray quality assurance audit was carried out in the past year.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept electronic records of the care given to patients. We reviewed the information recorded in five patient dental care records about the oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health. Records showed assessment of the periodontal tissues was undertaken and recorded using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

The practice was up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the dentists did use current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them.

The provider told us they followed guidelines issued by the Royal College of Surgeons when prescribing antibiotics. Each patient's gum health was assessed and X-rays were taken at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

### Health promotion & prevention

There was a range of literature providing information about effective dental hygiene and how to reduce the risk of poor dental health. Patients completed a medical questionnaire which included questions about smoking and alcohol intake. Appropriate advice was provided by the dentist.

### Staffing

The practice had identified key staff training including infection control, radiation and basic life support.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses

appropriate to the work they performed. There were no records of appraisals in the staff files we looked at however both dental nurses in employment had not been working at the practice for a year and the other staff were locums.

The provider ensured there were sufficient staff to meet needs and locum staff were available to cover staff absences.

### Working with other services

The practice had a system in place to work with other professionals in the care of their patients where this was in the best interest of the patient. Although no referrals had been made to specialist dental services, such as periodontal surgeons, for further investigations the provider told us about the protocol should this be required in the future. This included the completion of a referral proformas.

### Consent to care and treatment

The provider explained to us how valid consent was obtained for all care and treatment, which was documented in the patient's record. We reviewed a random sample of five clinical patient records. All confirmed staff ensured patients gave their consent before treatment began and evidenced that treatment options, risks, benefits and costs were discussed with the patient and then documented in a written treatment plan. The CQC comment cards which had been completed by patients prior to the inspection indicated that patients had been given treatment options and felt they were given time to make decisions.

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 provider demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. They explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We looked at 13 CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity.

There were no patients booked in on the day of the inspection. The provider told us how privacy and confidentiality were maintained for patients using the service by ensuring discussions about care and treatment was always done in in the surgery. Patients' dental care records were stored electronically and were password protected. There were some paper records which were stored in a lockable, fire proof cabinet.

Staff we spoke with were aware of the importance of providing patients with privacy and told us there were always rooms available if patients wished to discuss something with them away from the reception area. Treatment rooms were used for all discussions with patients.

### **Involvement in decisions about care and treatment**

We did see evidence in the patient care records looked at that patients were always given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment. The provider told us they involved relatives and carers to support patients when required.

There was information on the practice website about the range of treatments available. There was also a price list available at reception.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

The practice provided patients with information about the services they offered on their website. We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointments slots to accommodate urgent or emergency appointments. Patients told us through CQC comment cards that they were seen in a timely manner in the event of a dental emergency.

Staff told us the appointment system gave them sufficient time to meet patient needs.

### Tackling inequity and promoting equality

The provider was aware of the Disability Discrimination Act 2010 (DDA). The practice was situated in the ground floor. Patients with pushchairs or wheelchair users had good access into the practice. The layout allowed easy access to the reception area, toilet and treatment room. Doors were wide and all treatment rooms were sufficiently spacious to accommodate a pushchair or wheelchair. There were disabled toilet facilities. The provider demonstrated how an audio loop system for patients with hearing impairments worked and there was a magnifier for patients with sight difficulties.

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients.

### Access to the service

Information regarding the practice opening hours was available in the premises and on the practice's website. The practice answer phone message provided information on opening hours as well as on how to access out of hours treatment.

### Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with guidance about how to support patients who may have wanted to complain. This included contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place to promptly investigate and communicate with the patient. The practice had not received any complaints in the past 12 months.

Patients were encouraged to comment on the service they received and suggest improvements using comment slips available in the reception area.

# Are services well-led?

## Our findings

### Governance arrangements

The provider was responsible for the day to day running of the service and ensured there were systems to monitor the quality of the service. These were used to make improvements to the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw detailed risk assessments and the control measures in place to manage those risks.

The practice undertook regular meetings involving the whole dental team and records of these meetings were retained.

### Leadership, openness and transparency

The practice had a statement of purpose which outlined their aims and objectives and gave details of patients' rights. The staff described the practice culture as supportive, open and transparent. Staff demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff said they felt valued and were committed to the practice's progress and development. The culture of the practice encouraged candour, openness and honesty.

### Management lead through learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. The dentists and locum dental nurses working at the practice were registered with the General Dental Council (GDC). [The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom]. The provider kept evidence that staff were up to date with their professional registration.

Staff told us they had good access to training and that management monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the GDC.

The practice audited some areas of their practice such as X-rays and infection control twice yearly. Staff told us they felt confident about raising concerns or making suggestions.

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

The practice had systems in place to seek feedback from patients using the service, including carrying out patient surveys.

The most recent patient survey carried out from January 2014 to January 2015 showed a high level of satisfaction with the quality of service provided.

Reception staff told us any suggestions or comments patients made directly to them were escalated to the provider.