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Green Lane Dental Care

Inspection Report

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Overall summary

We carried out a comprehensive inspection of Green Lane Dental Care on 02 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

Green Lane Dental Care is situated in New Eltham, London, and provides NHS and private dental care services to patients of all ages.

The treatment rooms and the reception and waiting area are on the ground floor of the premises.

The practice had a 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.

We spoke with three patients who used the service on the day of our inspection and received 25 completed CQC comment cards. Patients we spoke with and those who completed comment cards told us they were happy with the care and treatment they received from the practice, that the staff had a positive attitude, and that the environment was well maintained.

Our key findings were:

- The practice had systems to assess and manage risks to patients, including for infection prevention and control, health and safety and the management of medical emergencies.
- The practice carried out oral health assessments and planned treatment in line with current best practice guidance or example from the Faculty of General Dental Practice (FGDP). Staff received training appropriate to their roles and told us they felt well supported to carry out their work.

Summary of findings

- Patients told us they were treated with care and concern by staff. Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood. Patients commented they felt involved in their treatment and that it was fully explained to them.
- Patients were able to make routine and emergency appointments when needed. There were clear instructions for patients regarding out of hours care.
- There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society
- 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 about the prevention and control of infections and related guidance'.

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.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and adults from abuse, maintaining the required standards of infection prevention control and maintenance of equipment used at the practice. However we found improvements were needed in the decontamination procedures followed in the practice.

The practice assessed risks to patients and managed these well.

We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice recorded them, but evidence of actions taken was not robustly captured.

The practice followed procedures for the safe recruitment of staff, this included carrying out Disclosure and Barring Service (DBS) checks, and obtaining references.

Are services effective?

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

The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) for example, in regards to prescribing antibiotics and dental recall intervals. Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's medical and oral health.

Staffs were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice.

Are services caring?

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

The patients we spoke with told us they were treated with care and concern. They told us that staff were kind, informative and attentive to their needs. The CQC comment cards were very positive about the service provided by the practice. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality.

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 at the practice and emergency appointments were available on the same day. There was sufficient well maintained equipment, to meet the dental needs of their patient population. There was a complaints policy available in the reception area, and we saw that the practice responded to complaints in line with their policy.

Are services well-led?

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

Summary of findings

There were good governance arrangements and an effective management structure. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery.

Staff were supported to access training and development relevant to their role and continuous professional development.

There were regular staff meetings to improve communication and share learning in the practice.

Green Lane Dental Care

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 02 June 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

Prior to the inspection we reviewed information we held about the provider.

During the inspection we toured the premises and spoke with the staff team on the day: four dentists, three dental nurses, and the practice manager. 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 also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives and a record of any complaints received in the last 12 months.

We obtained the views of 25 patients who filled in comments cards, and we spoke with three patients who used the service on the day of our inspection. We reviewed patient feedback gathered by the practice over the last 12 months.

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 clear guidance for staff about how to report incidents and accidents. We saw records of reported incidents in the practice. We looked at a sample of four incidents that had been recorded in the 18 months prior to our inspection. We saw that details of the incidents that occurred were clearly recorded, but details of investigations and actions taken were not documented in the incident records. Our further review of records showed that actions taken were recorded in patient records.

We saw evidence of learning being shared among the practice team. The practice manager told us that minor incidents were discussed at their daily morning meetings. We also saw meeting minutes where more serious significant events were discussed.

People who use services are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result.

The practice responded to national patient safety and medicines alert that affected the dental profession. The principal dentist told us they reviewed all alerts and spoke with staff to ensure they were acted upon. Alerts were discussed as part of their daily morning meetings.

The principal dentist and the practice manager understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and provided guidance to staff within the practice's health and safety policy. No RIDDOR reports had been made in the last 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff, with printed copies made available in the staff room. Staff had access to contact details for both child protection and adult safeguarding teams.

The principal dentist was the safeguarding lead professional in the practice and all dentists had undertaken safeguarding training in the last 12 months. Dental nurses

attended safeguarding training as part of their five year cycle of continuing professional development (CPD). Staff we spoke with told us they were confident about raising any concerns with the safeguarding lead professional.

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 (needles and sharp instruments). The practice had a sharps policy, and we saw that sharps used in the practice were safely disposed of in sharps bins that were dated, signed and suitably located.

The practice had a robust needle stick injury protocol which identified local actions to take immediately following an injury, as well as referrals for occupational health services. However we found that the practice needed to ensure that all protocols through to final report from occupational health were recorded in detail within their records.

The practice used dental safety syringes which had a needle guard in place to support staff use and 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.

Rubber dams were used in most root canal treatments in line with guidance from the British Endodontic Society. However we found that the rubber dams were not used for all endodontic treatments by all clinicians.

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff received annual first aid training. New staff were included in the full training as part of the annual training provided to all staff, but first aid was discussed with them as part of their induction training process.

The practice had a medical emergency kit which included emergency medicines and equipment. We checked the medicines and we found that all the medicines were within their expiry date.

The emergency equipment including an automated external defibrillator (AED) and oxygen. There was a system in place for checking the medical emergency kit. This included checking the expiry dates of medicines in the kit.

We discussed with the provider improvements that could be made in staff members' preparedness for medical

Are services safe?

emergencies by ensuring all staff were fully trained, practiced and familiar (through regular times and logged rehearsal exercises) with the use of the oxygen cylinder, AED and medicines used to treat medical emergencies.

Staff recruitment

The practice had a recruitment policy that described the process to be followed when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at three staff files to check that the recruitment policy and procedures had been followed when these staff members were employed, and found that it was the case.

The practice had an induction system for new staff. The practice manager told us that this included a period where new staff were mentored, during which they could familiarise themselves with the practice's policies and procedures. We saw that there was an induction checklist in place, and that it was completed as staff progressed through the induction.

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice manager carried out health and safety checks which involved inspecting the premises and equipment and ensuring maintenance, service documentation, staff training and immunisations were up to date.

The practice employed a contract supplier to complete various risk assessments, such as those relating to fire, pressure vessels and employment situations.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. The practice purchased materials from a dental supplies company and had access to corresponding forms for any COSHH regulated materials purchased.

Infection control

One of the dental nurses was the infection control lead professional and they worked with the practice manager and principal dentist to ensure there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, health and

safety, safe handling of instruments, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Staff in the practice were aware of 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.

The equipment used in the practice, such as autoclaves and disinfectors, was regularly checked and records were kept of these checks.

We observed the practice environment to be clean and tidy on the day of our inspection. The practice had a contract in place with a cleaning company to carry out daily cleaning of the practice.

Records showed a risk assessment process for Legionella had been carried out in December 2014. (Legionella is a term for particular bacteria which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified and preventive measures taken to minimise the risk to patients and staff of developing Legionnaires' disease. The assessment had identified that legionella awareness was needed for key staff including the duty holder (who is the principal dentist) and other responsible persons. In-house training had been arranged by the provider as a result.

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a clear flow of these instruments from dirty through to sterilisation and date stamped packaging.

The practice's decontamination facility comprised a washer / disinfectors, two autoclaves with data logger or printer. We found the decontamination facilities to be clean, tidy and well organised.

We observed two dental nurses cleaning equipment in the decontamination room, and found that they were not consistently following the same protocols. The process of

Are services safe?

initial rinsing and brushing of the instruments was not been consistently carried out under water, and all instruments were not removed from their trays before being processed.

The practice had received a recent infection prevention and control review and report, which suggested an improvement to their equipment transport boxes. The practice had implemented the change, and now had transport boxes for clean and dirty dental equipment between the treatment rooms and decontamination room that were secure with lockable lids.

There were hand washing facilities in each treatment room and staff had access to good supplies of personal protective equipment (PPE), such as gloves and masks for patients and staff members. Staff and patients we spoke with confirmed that staff wore protective aprons, gloves and masks during assessment and treatment in accordance with infection control procedures.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety.

Medicines stocked in the practice included local anaesthetics. Patient records we reviewed showed that where medicines had been used during treatments, their batch numbers and expiry dates had been recorded in the patient records.

The practice had a dedicated fridge for the storage medicines.

Radiography (X-rays)

The practice maintained suitable records in the radiation protection file demonstrating the maintenance of the x-ray equipment. The principal dentist was the radiation protection supervisor (RPS) for the practice. An external contractor covered the role of radiation protection adviser. X-ray audits were undertaken at least on an annual basis. The audits looked at issues such as the maintenance of X-ray equipment, quality of images and the radiography training staff had undertaken. This was done to ensure X-rays that were taken were of the required standard. However we found that the most recent radiography audit was not clearly set out for each clinician, and clinicians did not audit each other's radiographs to raise critical analysis and awareness.

We saw that local rules relating to the X-ray machine were displayed in accordance with guidance. We saw there were CPD records related to radiography for all staff that undertook radiography tasks.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept 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 used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs. The frequency to which patients were recalled was tailored to the individual.

The practice kept detailed electronic and paper records of the care given to patients. We reviewed the information recorded in a sample of patients' dental care records about the oral health assessments, treatment and advice given to patients. We found these were comprehensive and included details of the condition of the teeth, soft tissues lining the mouth and gums.

We saw evidence of risk assessments such as for periodontal disease, cancer, and dental caries in records of patient examination.

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). BPE scores were noted in the records and the dentist planned treatment around the score that was achieved.

We found that all radiographs we reviewed were justified, reported and graded.

Health promotion & prevention

Patients were given advice regarding maintaining good oral health and if appropriate were referred to the dental hygienist for more support regarding general dental hygiene procedures.

The practice provided preventative care and supported patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit' (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting).

There were health promotion leaflets available in the practice to support patients look after their general oral health.

Staffing

New staff to the practice, for example trainee dental nurses and dentists completing their foundation year, had a period of induction to familiarise themselves with the way the practice ran. Staff we spoke with confirmed they had been fully supported during their induction programme.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going continuous professional development. Mandatory training included basic life support and infection prevention and control, and the provider had contracted an external training company to deliver these courses. Records showed staff had completed training in various topics in the last 12 months.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred staff would cover for their colleagues. The practice manager told us where this was not possible agency staff would be used. The practice manager told us that they had recently recruited a dental nurse to fill a vacancy within the practice.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. The dental nurses each worked the same rota as a particular dentist. Staff had access to the practice computer system for policies and protocols that further supported them in the workplace. This included current dental guidance and good practice. Staff told us they had received appraisals and reviews of their professional development.

Working with other services

The practice worked with other professionals in the care of their patients. Referrals were made to specialist services such as orthodontic services for children, and patients with complex health needs were referred to the local hospital for further investigations or specialist treatment.

The practice offered an in-house dental surgery service on Saturdays, to which patients could also be referred for oral surgery and implants.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We spoke with three patients who used the service and reviewed 25 comments cards. Patients told us they had been given clear treatment options which were discussed in an easy to understand language by practice staff. Patients told us they understood and consented to treatment.

All staff received training on the Mental Capacity Act 2005, and minutes of a recent staff meeting showed the topic was discussed. The Mental Capacity Act (MCA) 2005 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

We spoke with three patients and received 25 CQC comment cards which patients had completed prior to, and on the day of, the inspection. Their feedback indicated they were happy with the care and treatment they received from the practice, that the staff had a positive attitude, and that the environment was well maintained.

Patients records were kept in a secure location and no records were located such where they could be seen or accessed by patients

Staff we spoke with were aware of the importance of providing patients with privacy and maintaining their confidentiality. Doors were always closed when patients were in the treatment rooms.

We observed that staff were helpful and courteous to patients, both on the phone and in person, during our inspection.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of NHS dental charges and private fees. We also saw that the practice had a website that included information about dental care and treatments, costs and opening times. The website also contained information regarding how patients could access emergency dental care if required; this information was also available in the patient information leaflet located in the reception area.

Staff told us that treatments, risks and benefits were discussed with each patient to ensure the patients.

Patients told us they understood what treatment was available so they were able to make an informed choice. The dentist explained what they were going to do and used aids such as models of teeth and a mirror to show patients visually what their teeth/oral cavity required. They were also shown this on a radiograph where applicable. Patients were then able to decide which treatment option they wanted.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots to accommodate urgent or emergency appointments. The practice manager showed us from the electronic records system where a patient had called for an emergency appointment at the end of the previous day, and an appointment was arranged for them soon after their call.

We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. Patients told us that they had sufficient time during their appointment and that they were seen promptly.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services that included access to telephone translation services.

The ground floor of the premises was accessible to people in wheelchairs though they would require some assistance. There was a temporary ramp to allow access into the main entrance, but there were no grab rails in place. There were also no toilet facilities for people using wheelchairs.

Access to the service

The practice displayed its opening hours in their premises and on the practice website. The practice had clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were displayed on posters in the reception areas, on the telephone answering machine, as well as being on their website.

Patient feedback indicated that patients felt they could get appointments when they needed them.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints policy and information for patients about how to complain was available in the reception area. The policy included contact details of external organisations that patients could contact if they were not satisfied with the provider's response to a complaint. There had been five complaints in the last year and they had both been dealt with in line with the advertised policy.

A suggestions box and a box to submit responses to the friends and family test questionnaire were available in the waiting room.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements and an effective and visible management team, with clear reporting lines.

Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. The practice had regular meetings involving all staff. The practice had arrangements for identifying, recording and managing risks.

The principal dentist and practice manager undertook quality audits at the practice. This included audits on health and safety, waste management, infection control, staffing and records. We saw that action plans had been drafted following audits and actions taken as necessary.

Leadership, openness and transparency

There has been some turnover of staff recently but at the time of our inspection the staff team appeared stable and well supported. A new practice manager had been appointed in March 2015 to support and manage the practice and the staff team.

Staff we spoke with told us that the principal dentist was willing to take on board new ideas or improvements to existing methods.

We were told that there was some difficulty with staff holidays in that nurses and clinicians had to take matching time off and the diary is arranged each January for the year ahead. The principal was aware of the difficulties due to these arrangements and was trying to resolve them.

Management lead through learning and improvement

There was a mandatory training programme in place, and staff had access to a range of training and development opportunities relevant to their roles.

We reviewed a sample of staff files and we saw that they had completed training in line with the practice's programme.

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as on medical records and X-rays, and audits of infection control and cleaning rotas.

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

The practice staff held daily morning meetings for about 15 minutes prior to opening. They also had longer Friday morning meetings, and monthly all staff meetings. Staff had access to policies and procedures, received regular training and appraisal and told us that they were able to suggest ways of improving the service.

The practice had gathered feedback from patients through their own feedback forms.