

Dr. Sam Afshar

Royal Arsenal Dentists

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 8 September 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

Royal Arsenal Dentists is located in the Royal Borough of Greenwich and provides private dental services. The demographics of the practice is mixture working professionals, families and older people.

The staff structure of the practice is comprised of a principal dentist, five dentist, two dental nurses one hygienist and one trainee dental nurses.

Facilities within the practice include three treatment rooms, a dedicated decontamination room, and a reception area.

The practice manager was 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.

Add

The practice opening times were between 9:00 am to 8:00 pm Monday to Friday. The practice was also open on Saturdays from 9:00 am to 6:00 pm.

Summary of findings

We reviewed 11 Care Quality Commission (CQC) comment cards that had been completed by patients attending in the practice in the two-week period prior to our inspection visit. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment.

Our key findings were:

- There were effective processes in place to reduce and minimise the risk and spread of infection.
- 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).
- Patients were involved in their care and treatment planning.
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Patients told us that staff were caring and treated them with dignity and respect.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and providing compliments.
- There was a clear vision for the practice. Governance arrangements were in place for the smooth running of the practice.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

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 vulnerable adults from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at 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 had a system in place to document, investigate and learn from it. The practice followed procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining two references.

Are services effective?

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

The practice followed current guidance such as that issued by National Institute for Health and Care Excellence (NICE) for example, in regards to 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. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice.

Staff were supported by the practice in maintaining their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

The CQC comment cards we received were very positive about the service provided by the practice. Patients said there was a positive and caring attitude amongst the staff. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely and patient confidentiality was 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 routine and emergency appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. There was a complaints policy. We saw that the practice responded to complaints in line with the complaints policy. Patients were given the opportunity to give feedback through the practice website. There were arrangements to meet the needs of people with disability.

Are services well-led?

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

There was a clear vision for the practice that was shared with the staff. There were good governance arrangements and an effective management structure. There were regular meetings where staff were given the opportunity to give their views of the service. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. Patients were given the opportunity to provide feedback about the practice.

Royal Arsenal Dentists

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection on 8 September 2015. The inspection was led by a CQC inspector. They were accompanied by a specialist advisor.

The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

We received 11 CQC comment cards completed by patients. We also spoke with four members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. There had been one incident in the last twelve months and they had been dealt with appropriately. Staff were able to describe the type of incidents that would be recorded and the incident logging process. Staff explained patients would be told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had a safeguarding policy. The policy included procedures for recognising and reporting safeguarding concerns. However, we found that the policy did not contain details of the local safeguarding team. The policy had last been reviewed in 2014 and was scheduled to be reviewed again in 2015. Staff had completed safeguarding training that was refreshed on a regular basis. They were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. There had been no situation that needed to be referred for consideration to the safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having infection control, safeguarding policies and health and safety assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example a legionella risk assessment, fire and building environment risk assessments. We noted that the practice had acted upon what had been identified in the risk assessments.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. During the course of our inspection we checked dental care records to confirm the findings. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated regularly. The dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient.

The practice followed national guidelines such as in using a 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

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment. The kit contained most of the recommended medicines. However it did not contain midazolam (used to manage epileptic seizures). We checked the medicines that were in the kit and we found that all the medicines were within their expiry date. The emergency equipment included oxygen. However, we found it did not include an automatic blood glucose measurement device and an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. (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). The principal dentist told us that the practice had access to a defibrillator GP surgery located two minutes away from the practice. Staff confirmed they were aware of these arrangements.

Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, obtain two references, including one from the most recent employer, and

Are services safe?

complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had satisfactorily carried out the necessary required checks for staff who worked in the practice.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was regularly updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for **display screen equipment** (DSE), use of equipment and use of hazardous substances. The assessments included the controls and actions to manage risks. For example a 2014 fire risk assessment had recommended that the practice put up fire exit signs and we saw the practice had acted upon this.

Infection control

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included details of procedures for hand hygiene, clinical waste management and personal protective equipment. The practice followed guidance in relation to Health Technical Memorandum 01-05: Decontamination in primary care dental practices, which is a guidance document from the Department of Health, for staff to refer to. The lead dental nurse was the infection control lead.

There was a separate room for the decontamination of instruments. There was a flow from dirty to clean areas to minimise the risks of cross contamination. Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery, cleaning instruments suitably and using 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.

We saw that daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection.

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and in lockable bins. The bins were collected every eight weeks by a clinical waste contractor.

The surgery was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE. Hand washing solution was available.

A legionella risk assessment had been completed in August 2015 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The practice used distilled water in all dental lines.

There was a cleaning plan, schedule and checklist, which was regularly checked by the practice manager. Cleaning equipment and materials were stored appropriately in line with Control of Substances Hazardous to Health 2002 (COSHH) regulations.

Equipment and medicines

We found 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. However we found that portable appliance testing (PAT) had not been completed in accordance with good practice guidance since the practice was opened in May 2014. PAT is the name of a process where electrical appliances are routinely checked for safety. The practice manager told us arrangements would immediately be made for PAT tests to be carried out. All the equipment at the practice had annual maintenance checks.

The practice had clear guidance regarding the prescribing, recording and stock control of the medicines used in the practice. The systems we reviewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given their prescriptions as recorded. However we found that the practice kept glucagon and adrenaline in the fridge but did not keep a record of the temperature. The practice manager told us they would start recording temperatures of the fridge where medicines were kept.

Radiography (X-rays)

The principal dentist was the radiation protection supervisor (RPS). An external dentist covered the role of

Are services safe?

radiation protection adviser. The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and

displayed in clinical areas where X-rays were used. Evidence was seen of radiation training for staff undertaking X-rays. X-rays were graded and audited as they were taken. A comprehensive radiograph audit had been carried out in September 2015.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) guidance, for example in regards to dental recalls. The practice also showed awareness of the use of Delivering Better Oral Health Tool-kit. '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. For example, fluoride tooth paste was prescribed where necessary. .

During the course of our inspection we checked 10 dental care records to confirm the findings. We saw evidence of comprehensive detailed assessments that were individualised. We found that the dentists regularly assessed patient's gum health, and soft tissues (including lips, tongue and palate) were regularly examined. We found that patient's medical history records were updated regularly. The practice used an electronic pad to allow patients to update their medical histories. . An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. Information about the costs of treatment and treatment options available were also given to patients.

Health promotion & prevention

We saw evidence that patients' medical histories included questions about smoking and alcohol intake. The practice had given appropriate advice to patients based on their medical histories.

We saw that the practice had leaflets that contained preventative advice in the reception area; for example there were leaflets regarding correct tooth brushing.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. This was to ensure that patients received

high quality care as a result. The practice used a variety of ways to ensure development and learning was undertaken including both face to face and e-learning. Examples of staff training included core issues such as safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice. We saw that the practice maintained records that detailed training undertaken and highlighted training that staff needed to undertake. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours. We saw that the practice carried out annual appraisals of staff performance.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to local hospitals for major surgeries. Dental care records we looked at contained details of the referrals made and the outcome from the referrals that were made.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We reviewed 11 CQC comment cards. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment. This was confirmed when we reviewed dental care records. Evidence of discussed treatment options, including risks and benefits, as well as costs, was seen in the records we viewed.

The practice manager told us that staff were provided with information on the requirements of the Mental Capacity Act 2005 (MCA). The 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 them. Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed 11 CQC comment cards. All the feedback we received was positive. Staff were described as friendly and helpful. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with a patient in the reception area and saw that staff interacted well with them, speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of fees. We also saw that the practice had a website that included information about dental care and treatment and opening times.

We spoke with a dentist, two dental nurses and the practice manager on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. Staff told us that treatments, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice. The dentist told us they would explain the planned procedures to patients using visual aids when necessary. 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 patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients and that patients could generally book an appointment in good time to see a dentist. The feedback form we received confirmed that patients felt they could get appointments when they needed one. There were vacant appointment slots to accommodate urgent or emergency appointments.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Staff at the practice spoke different languages and were able to interpret for patients when required. The building was accessible to people in wheel chairs and had a disabled toilet.

Access to the service

The practice displayed its opening hours on the practice website. Opening times were also displayed at the front of the practice. Opening hours were 9:00 am -8:00 pm Monday to Friday. The practice was open Saturdays from 9:00 am-6:00 pm. This gave patients good options for accessing the service. There were clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were on the telephone answering machine.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy that had been drafted in 2014 and was scheduled to be reviewed in 2015. The policy contained details of two external organisations patients could contact if they were not happy with the response from the practice. This include the dental complaints service and the General Dental Council. There had been no complaints logged in the last year.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, complaints and infection control. There was a clear management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility. Comprehensive risk assessments had been undertaken to cover various aspects of the service delivery.

Staff told us meetings were held regularly to discuss issues in the practice and update on things affecting the practice. We saw that these meetings were used as an opportunity to let staff know about the ongoing business of the practice. For example we saw that training and development opportunities in regards to dental implants were discussed during a November 2014 meeting.

Dental care records we checked were stored electronically. The records were complete and accurate and password protected.

We saw staff undertook quality audits at the practice. This included audits on radiation and infection control. We found that action plans were drafted following the completion of audits.

Leadership, openness and transparency

Staff we spoke with said the vision of the practice was shared with them. Staff said they felt the practice leadership were open and created an atmosphere where all staff felt included. Staff told us they were comfortable about raising concerns with the principal dentists. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

The practice was also keen to ensure that all of their staff provided highly-skilled care. There was a system of periodic staff appraisals and supervision to support staff.

Learning and improvement

Staff told us they had good access to training. Staff training was monitored to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

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 complaints and infection control practice. We looked at a sample of these and found audits were being undertaken regularly.

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

The practice had gathered feedback from patients through their website. We also saw that staff were encouraged to provide feedback on the service. For example we saw staff had given feedback on a February 2015 training session.