

Hasan and Hasan

# Streatham Common Dental Surgery

## 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**

Streatham Common Dental Practice is located in the London Borough of Lambeth and provides NHS and private dental care services to patients. The practice is open various times Monday to Fridays and one Saturday a month. The practice is set out over two floors and has two surgeries (one downstairs and one upstairs), a decontamination room, staff room, reception and patient waiting area. The demographics of the practice was mixed with patients from a wide range of backgrounds.

We received 20 completed Care Quality Commission comment cards and spoke with four patients during our inspection and their feedback was generally positive. They told us staff were friendly and helpful and that the treatment they received was good. They described the premises as always being clean and tidy.

#### **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 best practice guidance.
- Patients were involved in their care planning and were enabled to make informed decisions.
- Staff were up to date with their continuing professional development requirements.

# Summary of findings

- Appropriate governance arrangements were in place to facilitate the smooth running of the service including audits being undertaken regularly.
- There was appropriate equipment available, and staff had access to emergency drugs to enable the practice to respond to medical emergencies.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's protocols for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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

# 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 provider had systems in place to receive safety alerts from external organisations. Staff were trained to the appropriate levels of safeguarding and child protection, and staff we spoke with demonstrated awareness of safeguarding issues.

Processes were in place for staff to learn from incidents, and lessons learnt were discussed amongst staff. The practice carried out risk assessments to ensure the health and safety of staff and patients.

Equipment used in the practice was maintained and serviced appropriately. Medicines and equipment were available in the event of an emergency.

### **Are services effective?**

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance such as from the National Institute for Health and Care Excellence. Clinical notes were generally appropriate, although improvements could be made in recording information in some dental care records. Patients were given relevant information to assist them in making informed decisions about treatment. Referrals were made and followed up appropriately. Information was available to patients relating to health promotion including smoking cessation and maintaining oral health. All clinical members of the dental team were meeting requirements for their continuing professional development.

### **Are services caring?**

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

Feedback from patients indicated that staff were friendly, caring and helpful. We received 20 completed CQC comment cards and spoke with four patients. Their feedback was complimentary about staff. They all confirmed that staff acted in a professional manner and were attentive to their care needs. Observations we noted between staff and patients in the waiting area were positive.

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

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

Patients had access to the service which included a range of opening times including weekend appointments. Information was available via the practice website and a practice leaflet. Patients could access on the day urgent appointments during opening hours. Patients were given information about where to access treatment outside of opening hours. There were systems in place for patients to make a complaint about the service if they needed to.

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

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

Governance arrangements were in place for the smooth running of the service. There were a range of policies and procedures for staff to refer to. Staff meetings were held to update staff, and personal development meetings were held with staff to identify and plan for development. Audits were being carried out for on-going monitoring of the service.

# Streatham Common Dental Surgery

## Detailed findings

### Background to this inspection

We inspected Streatham Common Dental Practice on 8 September 2015. The inspection was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information provided by the provider and information available on the provider's website.

The methods used to carry out this inspection included speaking with staff including two dentists, a two dental nurses, the receptionist, speaking with patients, reviewing documents and general observations.

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 were processes in place for safety alerts to be received and shared with staff in the practice. Staff gave an example of an alert that were received from NHS England relating to the Ebola outbreak. This information was displayed on the staff board to make all staff aware.

There had not been any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) incidents, within the past 12 months. The practice manager demonstrated a good understanding of RIDDOR regulations and had the appropriate documents in place to record, if they had such an incident.

There was an accident book and file and they were kept in the office and accessible for all staff. There had not been any incidents over the past 12 months. We discussed how incidents were reported and handled and the dentist we spoke with gave us a thorough explanation of how they would be handled. The explanations were in line with expectations on a provider under the duty of candour. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity]. Staff we spoke with were aware of how to report incidents and accidents.

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

The principal dentist was the safeguarding lead. There was a safeguarding policy that covered both adults and children and had been updated in November 2014. The practice had the details of the local authority contacts for safeguarding, picture chart for recording any concerns and diagram were also available. There was a poster in the reception area for patients, giving details of who to contact if they needed to report a safeguarding issue.

Dentists had completed child protection training up to the appropriate level as had the nurses and administration staff. All staff had also completed adult safeguarding training. Staff we spoke with demonstrated that they

understood and could identify signs of potential abuse situations. We were given comprehensive examples of what signs they would look for and how they would refer to the local authority.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway].

Medical histories were taken and included details of current medication, known allergies and existing medical conditions. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories were updated appropriately.

### Medical emergencies

The provider had appropriate arrangements in place to deal with medical emergencies. There were medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the stock of emergency medicines and they were all within their expiry date. We saw records of the weekly checks carried out. Staff had access to emergency equipment including an automated external defibrillator in line with Resuscitation Council Guidance UK standards for the dental team. [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]. Medical oxygen was also available with the appropriate apparatus to use it.

All staff had received basic life support training in May 2015 and this training was due to be repeated annually. All staff we spoke with were aware of where medical emergencies medicines and equipment were stored. There were also signs in the surgeries making staff aware of where they were stored.

### Staff recruitment

The staff team consisted of three dentists, three dental nurses and a trainee dental nurse.

The practice had a recruitment policy and procedure that outlined how staff were recruited and the pre-employment checks that were carried out before someone could commence work in the practice. This included confirming professional registration details, proof of address, proof of

# Are services safe?

identification, references, Disclosure and Barring Services (DBS) check and immunisation proof. The majority of staff had been working in the practice for a number of years. We saw that the majority of checks had been carried out when they commenced work in the practice. All staff files had a disclosure and barring services check, proof of registration, proof of identity and curriculum vitae.

All qualified clinical staff were registered with the General Dental Council.

## **Monitoring health & safety and responding to risks**

There were arrangements in place to deal with foreseeable emergencies. The practice had a business continuity plan which covered how they would respond to such situations. The practice also had a health and safety policy and had a range of risk assessments in place to respond to health and safety issues. A practice risk assessment had been carried out in February 2014. It covered significant hazard areas such as autoclave and biological agents. Those at risk were identified and controls in place or action required were outlined. For example the assessment had identified that staff should receive regular training for infection control and this had been actioned. Staff also confirmed that health and safety and risks were discussed during team meetings.

There were processes in place to respond to fire risks. The fire alarm was tested weekly and fire drills were carried out every three monthly. We saw the records to confirm these tests and drills were being carried out. The practice had an external fire risk assessment which was completed on the 10 February 2015. Areas for improvement had been identified and actions taken by the practice to rectify these areas.

## **Infection control**

The practice had an infection control policy that covered procedures relating to minimising the risk and spread of infection. There was a copy of the Health Technical Memorandum 01-05 Decontamination in primary care dental practices (HTM 01-05) from the Department of Health, for guidance. One of the dental nurses was the infection control lead.

The practice had a decontamination room with a clear flow from dirty to clean zones to minimise the risk of cross contamination. Three sinks were present in the decontamination room, one for handwashing and two for

the decontamination of instruments. One of the dental nurses gave us a demonstration of the decontamination of instruments and this was in line with HTM 01-05 guidance. The demonstration included carrying instruments in a lidded box from the surgery; washing manually; inspecting under an illuminated magnification device to visually check for remaining contamination (and re-washing if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Instruments were packaged and stored in accordance with current guidelines. Corrective protective equipment was worn during the demonstration.

We reviewed records of the checks and tests that were carried out to the autoclaves (which were recorded via a data chip and loaded on the computer) and the records were in line with guidance.

All relevant staff had been immunised against blood borne viruses and we saw evidence of this. There was a contract in place for the safe disposal of clinical waste, which was collected every two weeks. We saw the consignment notes for the collections for July and August 2015.

Staff understood the sharps injury procedure and knew how to report an injury. Details of occupational health were available at reception. Sharps containers were assembled and labelled correctly. Needle stick injury procedure was displayed in the decontamination room.

The surgeries were visibly clean on the day of the inspection. There were sufficient stocks of personal protective equipment such as gloves, face masks and aprons. Paper hand towels, hand gel and foot controlled bins were available in each surgery. The dental nurses cleaned all clinical surfaces and the dental chair in the surgeries in-between patients and at the beginning and end of each session.

A legionella risk assessment had been completed on the 27 April 2015. The report had not identified any issues and was negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The dental lines were maintained with a purifying agent. Taps were flushed daily in line with recommendations.

An Infection Prevention Society audit had been carried out in April 2015. The NHS Commissioning team had also carried out an infection control assessment, which the practice had passed.

# Are services safe?

## **Equipment and medicines**

Equipment was maintained appropriately. There were service contracts in place for the maintenance of equipment such as the autoclave and pressure system. The autoclave and pressure system had been serviced on the 16 February 2015 and was due for re-test in February 2016. The practice had portable appliances and carried out portable appliance testing (PAT); the last having been carried out on 10 June 2015 and was due for re-test in June 2017. Medicines that required refrigeration were stored appropriately in the fridge.

## **Radiography (X-rays)**

The practice had a named radiation protection supervisor and had appointed an external radiation protection

adviser. The radiation protection file was in order and up to date. We saw confirmation for all relevant staff who had completed the required Ionising Radiation (Medical Exposure) Regulation 2000 (IRMER) training for their continuing professional development cycle. Staff were recording radiographs taken in the surgery and recording diagnostic quality on patients records. The practice carried out radiography audits every two years. The last audit completed was in 2013 and they were in the process of conducting an audit at the time of our inspection. The practice had not registered relevant notification with the Health and Safety Executive on the day of our inspection. However, they sent confirmation following the inspection that this had been completed.

# 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. Staff were aware of the Delivering better oral health toolkit. '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.

During the course of our inspection we checked 15 dental care records to confirm the findings. In most instances we saw evidence of comprehensive assessments and treatment plans being carried out in most instances. Most assessment included an up to date medical history outlining medical conditions and allergies and treatment options discussed. Records documented that consent had been taken, where relevant smoking/ dietary advice had been given, radiographs and grading (on some records) had been completed and treatment options discussed. A basic periodontal examination (BPE) was undertaken and this was also documented in patients' notes. The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

### Health promotion & prevention

Staff told us that they gave health promotion and oral health advice to patients. Notes we checked confirmed this; although some notes we reviewed did not document that dietary advice was given. One of the dentists showed us an oral health care pack that was given to all patients to encourage good oral health. The pack contained written information as well as samples of dental products relevant for their needs (i.e. dental floss and toothpaste). Staff told us they worked closely with GP services and referred patients to them as and when necessary, for example for smoking cessation advice. The practice was also pro-active in visiting local schools to talk to children about diet and oral healthcare.

A range of leaflets were available relating to health promotion and prevention.

### Staffing

All clinical staff had current registration with the General Dental Council and they were up to date with their continuing professional development. [The GDC required all dentists to carry out at least 250 hours of CPD every five years and dental nurses 150 every five years].

We saw evidence that staff had opportunities for development through attendance at conferences and non-core training events.

### Working with other services

The practice worked with a range of other professionals to ensure that patient' needs were met. This included referring patients to a specialist oral surgeon who received all referrals for complex extractions and the community specialist team. Referrals were also made to local hospitals.

The dentist explained the processes in place to ensure that referrals made between these services were comprehensive. This included ensuring the referral letter had details of the reason for referral, medical history, social history and personal contact details. We reviewed paperwork for a referral. We saw that all relevant information was passed on and the dentist had been updated on the progress of the treatment.

### Consent to care and treatment

Some staff we spoke with demonstrated an understanding of assessing capacity in patients; however other staff were less confident in knowing how the Mental Capacity Act applied to them in relation to their role. [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]. Staff had not received formal MCA training at the time of our inspection. One of the dentists we spoke with confirmed that they planned to carry out the training soon.



# Are services caring?

## Our findings

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

On the day of our inspection, we spoke with four patients about their experiences. All of these patients told us that they were treated with respect and dignity, and that the dentists, nurses and reception staff always treated them with compassion and empathy.

Patients told us that their privacy was respected during consultations and treatments. We observed that doors to treatment rooms were kept closed during use, and that conversations could not be overheard from these rooms. Although conversations at the reception desk could be overheard from the waiting area, reception staff made efforts to maintain patients' confidentiality.

During our inspection, we observed that patients attending in person or calling the practice by telephone were greeted warmly and spoken to politely and in a caring manner.

Patients we spoke to informed us that if they experienced discomfort during treatment, the dentists discontinued treatment and offered them pain relief.

We received 20 completed CQC comment cards. They were all positive about the service received at the practice. Comments highlighted that staff were helpful, respectful, caring and friendly. Responses from the family and friends test (FFT) carried out between April 2015 and August 2015 were also very positive.

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

All of the patients we spoke with told us they felt involved in decisions about their care. They told us that their health issues were discussed with them, they were given treatment options, and any proposed treatments were adequately explained to them using visual aids such as diagrams and leaflets. They also told us they felt listened to and supported by staff, and had sufficient time during and after consultations to make an informed decision about the choice of treatment available to them.

Patient feedback on the 20 CQC comment cards we received were also positive and aligned with these views.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice was open from 9.00am to 5.00pm Monday to Fridays and from 9.00am to 1.00pm on Saturdays. Staff told us that the appointment times were reflective of patients' needs. Patients who provided feedback were satisfied with the opening times.

To respond effectively to patients' needs the practice had carried out an access audit to identify any barriers to patients accessing the practice and find areas that required improving. They told us that they produced information in large print for patients with sight impairments, if required.

Patients experiencing pain and in need of an urgent appointment were always offered an appointment on the same day. If a patient had an emergency they were asked to come, and would be seen as soon as possible.

The practice workforce was all female. Staff told us that if a patient wanted to be seen by a male dentist they would refer them to a practice close by.

### Tackling inequity and promoting equality

Staff told us that the patient population was quite diverse. The practice manager told us that they took account of the varying needs of patients and made reasonable adjustments to ensure all patients had equal access to the service. This included providing information in other languages if required.

The practice was set out over two levels. There was a downstairs surgery that was accessible for patients with mobility restrictions.

Staff had access to translation services via an online translation service. The staff team were also multi-lingual with staff speaking a range of languages including Punjabi and Polish.

### Access to the service

The practice had a comprehensive website with information about their services, treatments, opening times and contact details. Opening times were displayed on the website as well as on the practice door. There was a patient leaflet with detailed information for patients outlining treatment costs and services.

Patients we spoke with told us that they were always seen at or within minutes of their appointment time. Staff also confirmed that there were no issues with waiting times.

If patients required an appointment outside of normal opening times they were advised to call the NHS "111" service. The details of the service were on the practice answer machine message and contact numbers also displayed on their website.

### Concerns & complaints

There was a complaints policy and procedure in place. It included how to make a complaint, response times and contact details of the practice. Details of the external body to escalate the complaint to if they were not satisfied were also in the policy as were the details of the General Dental Council (GDC). The practice had not received any complaints over the past 12 months. One of the dentists went through how complaints would be responded to. The explanation was in line with their policy and our expectations from a provider. This included explaining that a thorough investigation would take place followed by a letter to the patient outlining the outcome, any lessons learnt and an apology. The outcome of complaints would also be shared with staff for learning and development.

There was a sign in reception making patients aware of how they could make a complaint.

# Are services well-led?

## Our findings

### **Governance arrangements**

There were a range of policies and procedures to ensure effective governance arrangements were in place. This included health and safety policies, staffing and recruitment policies and an infection control policy. Policies were available to staff electronically on their computers.

The practice had a programme of audits in place. This included a waiting time audit and access audit conducted in February 2015, a record keeping audit conducted in April 2015. Most of the audits have been analysed with areas of improvement identified and actions put in place.

Dental care records we checked were complete, legible and accurate and stored securely on computers that were password protected and in filing cabinets that were locked.

### **Leadership, openness and transparency**

The practice had aims and objectives which were clearly displayed in the patient waiting room so patients were aware of what they were. One of the dentists explained they did this to be transparent with patients so they could have expectations of staff to live up to them.

There had not been any incidents since they had opened or complaints; however one of the dentists gave an example of how they had handled such instances in the past. The explanations were in line with the expectations under the duty of candour. [Duty of candour is a requirement on a

registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

### **Learning and improvement**

All clinical staff were up to date with their continuing professional development (CPD) requirements. Opportunities existed for staff to develop and attend core and non-core training.

Staff meetings were held regularly. We reviewed the meeting minutes for April to August 2015. Areas covered included waiting times' audit, first aid, patient confidentiality and a session on consent. Staff told us that they valued team meetings and felt they provided useful training and improvement opportunities

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

The practice had processes in place to obtain feedback from patients. This included a patient satisfaction survey and a comments and compliments box in the reception area. The practice also collected the NHS Friends and Family test survey and the results from this survey also fed into patient feedback. Feedback gathered was generally very positive with patients being satisfied with the service they received.

Staff told us that patients also gave informal feedback and this was acted on. For example suggestions to improve the waiting area and increasing information leaflets available.