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Saini Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 15 January 2016 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

Saini Dental Practice is located in the London Borough of Brent and provides private and NHS dental services. The staff structure of the practice consists of a principal dentist, a practice manager, and a trainee nurse. The practice premises consists of a treatment room, a decontamination room and a waiting room.

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

The inspection was unannounced as concerns about the practice were brought to our attention. The inspection took place over one day and was carried out by two CQC inspectors and a dental specialist advisor.

Our key findings were:

- The practice had suitable processes around reporting and discussion of incidents.
- Staff were trained and there was appropriate equipment to respond to medical emergencies. An automated external defibrillator (AED), was however not available in line with current guidance and there had been no risk assessment completed to assess the risks of not having this equipment.
- Patients told us that staff were caring and treated them with dignity and respect.

Summary of findings

- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
 - There were effective systems in place to reduce and minimise the risk and spread of infection, though some improvements were needed.
 - There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.
 - Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
 - The practice had effective safeguarding processes in place, though improvements could be made in some staff's understanding of safeguarding of patients.
 - Improvement could be made to ensure the practice give due regard to current guidelines such as from the National Institute for Health and Care Excellence (NICE).
 - Governance arrangements were in place for the smooth running of the practice.
- There were areas where the provider could make improvements and should:
- Review staff training to ensure that all of the staff had undergone relevant training, to an appropriate level, in the safeguarding of children and vulnerable adults.
 - Review the availability of equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
 - Review recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.
 - 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.'
 - Review the practice's policy and the storage of products identified under Control of Substances Hazardous to Health (COSHH) 2002, Regulations.
 - Review the protocols and procedures for use of X-ray equipment giving due regard to Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.
 - Review the practice protocols and adopt an individual risk based approach to clinical decisions such as patient recalls and wisdom teeth removal giving due regard to National Institute for Health and Care Excellence (NICE) guidelines.
 - Review the practice protocols to ensure the training, learning and development needs of individual staff members are reviewed at appropriate intervals and an effective process is established for the on-going assessment and supervision of all staff.

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, infection prevention and control and maintenance of equipment used at the practice. However we found improvements could be made in regards to some staff's understanding of safeguarding issues and the decontamination process. The practice had systems in place to assess risks to patients. The practice had procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining references. However we found that improvements could be made in regards to carrying out checks and obtaining reference for staff.

The provider assured us on the day of the inspection and following our visit that they would address these issues by notifying staff of the correct procedures to follow, provide staff training.

Are services effective?

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

Patients were given appropriate information to support them to make decisions about the treatment they received. Patients were referred to other professionals when appropriate to do so. The practice kept records of treatments carried out. Patients were given health promotion advice appropriate to their individual oral health needs such as preventative oral health advice. There was some evidence that the dentist carried out an assessment to establish individual needs in dental care we checked. However improvements could be made to ensure the practice kept up to date with all current guidelines and research in order to continually develop and improve their system of clinical risk management. Some staff were not receiving suitable supervision.

Are services caring?

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

The feedback we received from patients was positive about the service provided by the practice. Patients said the staff were caring. 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 clearly publicised in the waiting area. We saw that the practice responded to complaints in line with the complaints policy. There were arrangements to meet the needs of people whose first language was not English.

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 governance arrangements and a 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.

Saini Dental Practice

Detailed findings

Background to this inspection

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

We carried out an unannounced comprehensive inspection on 15 January 2016. The inspection was led by a CQC inspector. They were accompanied by a 2nd inspector and a dental specialist advisor.

The inspection was undertaken because we received information of concerns about the service. Because of the nature of the concerns the inspection was unannounced and the provider was not given any notice; as a result we not able to send the provider comments cards for patients to complete prior to the inspection.

We received feedback from two patients and spoke with the principal dentist, practice manager and trainee dental nurse. 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 no incidents over the past 12 months but staff were able to explain how incidents were logged and how they have learnt from previous incidents.

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. Staff understood the importance of the Duty of Candour and the need to inform the appropriate bodies and patients effected of any relevant incidents [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 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].

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and knew who they should go to if they had a safeguarding concern. The practice had a safeguarding policy. The policy included details of what was meant by abuse. The policy had last been reviewed in 2015 and was scheduled to be reviewed again in 2016. Staff had completed safeguarding training. However, the policy did not include details of the local safeguarding team. We spoke with all staff, not all staff demonstrated sufficient knowledge of safeguarding issues. One member of staff did not appear to understand what safeguarding was and could not describe who safeguarding alerts should be referred to.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having infection control protocols, sharps audits, health and safety procedures and risk 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 risks associated with fire a legionella risk assessment.

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 contained some details to enable another dentist to know how to safely treat a patient. For example, they contained details of any medication patients were taking.

The practice followed national guidelines such as use of 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 in line with Resuscitation Council UK and British National Formulary (BNF) guidance. The kit contained most of the recommended medicines, apart from one- buccal midazolam; staff said they would take immediate action to purchase some for the kit. (Buccal (oromucosal) midazolam is a medicine used to stop seizures and is given into the buccal cavity (the side of the mouth between the cheek and the gum).

We found that all the medicines were within their expiry date. However we found that although the expiry dates of medicines and equipment were monitored using a monthly check sheet, the monitoring sheets were not filled in regularly. This increased the risk of medicines not being replaced in a timely manner. There were two medicines that were about to expire at the end of January 2016. We pointed these findings out to the practice manager who ordered new stock during our visit. They also agreed to review the monitoring procedures for emergency medicines. The emergency equipment included medical oxygen. However we found the practice did not have adult and child self-inflating oxygen bags and a spacer for the medicine used for treating asthma attacks. Staff at the practice also did not have access to an automated external defibrillator (AED), in line with Resuscitation Council UK

Are services safe?

guidance. There had been no risk assessment completed to assess the risks of not having this equipment. (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).

Following the inspection the practice manager advised us that the practice had ordered an AED and purchased a spacer.

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, proof of identification, check the authenticity of qualifications, obtain references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had satisfactorily carried out some checks on staff; for example, we saw that DBS checks had been carried out. However, we reviewed staff recruitment records and saw that references were not routinely taken up. The principal dentist advised us they would take up written references for staff employed.

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 updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for fire and health and safety. The assessments included the controls and actions to manage risks. For example a 2015 fire risk assessment had advised the practice for the need to install emergency lighting and we saw this was acted upon.

Infection control

The principal dentist was the infection control lead. The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included procedures for hand hygiene, clinical waste management and personal protective equipment. The practice followed most of the guidance on decontamination and infection control issued by the Department of Health namely, Health Technical Memorandum 01-05: Decontamination in primary care

dental practices, but there were some deficiencies. Staff gave a demonstration of the decontamination process. This included carrying used instruments in a lidded box from the surgery, cleaning instruments and using an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave cleaner; pouching and then date stamping. However the member of staff who demonstrated the process struggled to explain it in detail and did not have an understanding of the whole decontamination process. Instruments were not rinsed after scrubbing and instruments were scrubbed outside of the water, against current guidelines.

We saw that daily, weekly and monthly checks were being carried out on equipment used in the practice including the autoclave and compressor to ensure they were working effectively. These were in line with current guidelines.

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. The practice contacted the contractor when the waste bag was full to ask them to come and collect it. This was usually on a monthly basis.

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

A legionella risk assessment had been completed in 2014 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The water lines were flushed regularly.

There was a supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule which the cleaner complied with.

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. Portable appliance testing (PAT) had last been completed in 2013, the practice manager told us arrangements would

Are services safe?

be made for test to be carried out shortly. PAT is the name of a process where electrical appliances are routinely checked for safety. All the equipment at the practice had annual maintenance checks.

Prescription pads were stored securely and logged appropriately. The only medicines at the practice were those found in the medical emergency kit.

Radiography (X-rays)

The principal dentist was the Radiation Protection Supervisor (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice had put in place arrangements to maintain the X-ray equipment on a regular basis. However, the practice did not maintain a radiation protection file in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure

Regulations 2000 (IRMER). We found no evidence of the local rules, critical exam pack or notification to the HSE that radiation was being used at the premises. We also saw no evidence of a system of quality assurance to assess the quality of x-rays. We pointed these deficiencies out to the practice manager and they said that they would make an appointment for the Radiation Protection Advisor to visit the practice as soon as possible to address the deficiencies. A servicing contract for the X-ray equipment was in place and the equipment had last been serviced in December 2014. X-rays were not taken as a 'routine' but only when necessary, to keep the patient exposure to X-rays as low as reasonably possible which was in line with current guidance. Following the inspection we were provided with evidence the practice had taken action to address some of the issues we identified.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We saw some evidence that the dentist carried out an assessment to establish individual needs in records we reviewed. The dentist carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis and treatment options were discussed with the patient. Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost and a treatment plan.

However we found no evidence that the practice kept up to date with all current guidelines and research in order to continually develop and improve their system of clinical risk management. For example there was no evidence of compliance with NICE guidance in regards to wisdom teeth removal or dental recall intervals.

Health promotion & prevention

Appropriate advice was provided by the dentist to patients based on their medical histories. For example patients were given advice on appropriate brushing techniques where this was appropriate. We saw they provided preventive and oral health instructions.

Staffing

We saw that the practice maintained records that outlined the training that had been undertaken and also highlighted training that staff needed to undertake. Whilst staff had received training we saw examples that highlighted not all staff had the skills and competencies to carry out their role. For example staff decontaminating dental instruments were not confident in doing so and had not received sufficient training or supervision to do so; some staff did not understand safeguarding procedures and had not completed appropriate inductions.

Working with other services

The principal dentist told us they 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 a local hospitals. We saw examples of referrals to specialist services.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. Patients were given clear treatment options which were discussed in an easy to understand language by the principal dentist. Patients understood and consented to treatment. There was an appropriate level of understanding of the Mental Capacity Act (MCA) 2005 and staff had received training in the requirements of the Act. (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 themselves).

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The feedback we received from patients was positive. Staff were described as helpful, kind and caring. Patients said staff treated them with dignity and respect during consultations.

Involvement in decisions about care and treatment

We spoke with the practice manager and trainee dental nurse on the day of our visit. They told us patients were involved in treatment planning and patients were given clear explanations about treatment. The dentist 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentist told us there was enough time to treat patients, and that patients we spoke with told us they could generally book an appointment for a time they wanted.

Tackling inequity and promoting equality

The practice had recognised some of the needs of different groups in the planning of its service. The practice manager told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. We asked how the practice would accommodate patients whose first language was not English. The principal dentist told us staff at the practice spoke a number of other languages and were able to speak to some of the patients whose first language was not English. Most patients that needed an interpreter would come to appointments accompanied by people who could speak English.

Access to the service

Access to the service was via the telephone. The practice manager told us that patients who required urgent treatment would ring and an appointment would be made for them, or a referral made to an alternative service when appropriate.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain was available in the waiting area. The policy had last been reviewed in 2015 and was scheduled to be reviewed in 2016. There had been no complaints logged in the last year. The policy included contact details for external organisations that patients could contact if they were not happy with the practice's response to a complaint. This included NHS England.

Are services well-led?

Our findings

Governance arrangements

The practice had governance arrangements in place. There were a range of policies and procedures in place including health and safety, complaints, employment policies and infection control. There was a management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. However, improvements could be made to ensure an up to date COSHH Regulations (2002) file was maintained. .

Staff told us practice meetings were held 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.

The practice manager undertook quality audits at the practice. This included audits on infection control and sharps.

Leadership, openness and transparency

Staff we spoke with said they felt the owner of the practice was open and created a good atmosphere. They told us

they were comfortable about raising concerns with the owner. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

Learning and improvement

Staff told us they had access to training and were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC). The practice maintained records that detailed training. However, we found that an appraisal system had not been established to suitably identify the training needs of staff.

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

The practice had systems in place to gather feedback from patients, including a suggestion box located in the waiting area. The practice manager told us that the box had only recently been placed in the waiting area and no suggestions had been received at the time of the inspection.

The practice had implemented the NHS friends and family test. We reviewed comments made by patients and noted that the vast majority of patients said they would be likely, or extremely likely to refer friends to the service.