

# AS Dental

# AS Dental

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 26 November 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**

AS Dental Practice is located in the London Borough of Croydon and provides predominantly NHS dental services. The demographics of the practice were mixed, serving patients from a range of social and ethnic backgrounds.

The practice staffing consists of six dentists, four dental nurses, a hygienist, three receptionists and a practice manager.

The practice is open from 9.00am to 5.30pm on Monday, Wednesday and Thursdays, Tuesday from 9.00am to 7.00pm and Friday from 8.00am to 2.00pm. The practice facilities include six consultation rooms (two downstairs and four upstairs), a reception area, patient waiting room, decontamination room, staff room/administration office. The premises are wheelchair accessible however there are no wheelchair accessible toilets.

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

The inspection took place over one day and was carried out by two CQC inspectors and a dentist specialist advisor.

# Summary of findings

We received 24 completed Care Quality Commission comment cards and spoke with three patients during our inspection. Patient feedback was very positive about the service. Patients told us that staff were professional and caring and treated them with respect. They described the service as very good and providing an excellent standard of care. Information was given to patients appropriately and staff were helpful.

## **Our key findings were:**

- Patients' needs were assessed and care was planned in line with current guidance.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- Appropriate systems were in place to safeguard patients from abuse
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- There were appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew where equipment was stored.
- All clinical staff were up to date with their continuing professional development. Opportunities existed for staff to develop, however they were limited
- There was appropriate equipment for staff to undertake their duties, and equipment was maintained appropriately.
- Appropriate governance arrangements were in place to facilitate the smooth running of the service; however audits completed did not fully demonstrate continuous improvements.

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

- Review its audit protocols to ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal 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.

The provider had systems in place to ensure patients were safeguarded from abuse. Staff were trained to the appropriate level for child protection and had completed adult safeguarding training. The safeguarding policy was up to date and most staff we spoke with were aware of their responsibilities. Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. The practice undertook risk assessments and there were processes to ensure equipment and materials were maintained and safe to use. Dental instruments were decontaminated suitably. 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 and The Department of Health. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately.

The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion including smoking cessation and maintaining good oral health.

All clinical members of the dental team were meeting their requirements for continuing professional development. Opportunities existed for staff to develop however they were limited. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and had received training within the last year.

### **Are services caring?**

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

Feedback from patients was very positive. Patients indicated that staff were friendly, professional, caring and treated patients with dignity. We received feedback from 24 patients via completed Care Quality Commission comment cards and spoke with three patients during the inspection. Patients stated that they were involved with their treatment planning and able to make informed decisions and that staff acted in a professional manner.

### **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 information available via the practice leaflet. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours patients could call the dentist on duty who would either give advice or refer to the '111' out of hours service.

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

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

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

# Summary of findings

Governance arrangements were in place for effective management of the practice. Staff meetings were held frequently and minutes taken of the meetings. Opportunities existed for staff however they were limited. Audits were being conducted however learning points were not fully used to improve the practice. Staff we spoke with were confident in their work and felt well-supported.

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## 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.

The inspection took place on the 26 November 2015 and was undertaken by two CQC inspectors and a dental specialist adviser. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website.

The methods used to carry out this inspection included speaking with the dentists, dental nurses, the practice manager, reception staff and patients on the day of the inspection, reviewing documents, completed patient feedback forms and 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

The practice had systems in place to receive safety alerts by email and ensure they were shared with staff working in the practice. All safety alerts went to a generic email address and the practice manager was responsible for ensuring relevant staff were aware of them. This included forwarding them to relevant staff and also printing them and leaving them in a central location for all staff to refer to. This included alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England updates.

The practice had an accident reporting procedure. All accidents were reported in the accident books. There had not been any accidents in the past 12 months. We discussed accident and incident reporting with the practice manager and their explanations of how they were handled were in line with the practice policy. All staff we spoke with were aware of reporting procedures including who and how to report an incident to. We spoke with the principal dentist about the handling of incidents and the duty of candour. The explanation was in line with the duty of candour expectations. The example given showed that the person affected was updated, received an apology and informed of the action taken and lessons learnt by the practice. [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].

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

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

One of the principal dentists was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. All clinical staff and most non-clinical staff had completed child

protection and adult safeguarding training. Details of the local authority safeguarding teams were readily available to staff on the practice computer system. The relevant safeguarding escalation flowcharts and diagrams for recording incidents were also available to staff. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents. Staff knew who the lead for safeguarding was and told us they would go to them if they were unsure of any of the procedures.

All dentists in the practice were 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].

The system for managing medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

### Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Medical emergencies drugs were stored securely and those requiring refrigeration were also stored appropriately. Staff also had access to emergency equipment on the premises including medical oxygen and an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) 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]. We saw records of the monthly checks that were carried out to ensure the medicines were not past their expiry dates and the checks to ensure equipment was in working order in the event of needing to use them.

All clinical staff had completed recent basic life support training which was repeated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and medical oxygen.

# Are services safe?

## Staff recruitment

There was a full complement of the staffing team. The team consisted of six dentists, four dental nurses, three receptionists, a hygienist and a practice manager. The practice manager told us that the current staffing numbers were sufficient to meet the needs of their patients.

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations. All prospective staff completed an application form and were interviewed. All staff had a Disclosure and Barring Services check completed and where relevant had to provide immunisation proof. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The majority of staff had been working in the service for many years and the checks relevant at the time they joined were present on their file. We reviewed staff files of those recently employed and found that most, appropriate checks and documents were present as in some instances CVs were not available. However the practice manager assured us that previous employment history was checked for these members of staff and references had been taken.

We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

## Monitoring health & safety and responding to risks

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice. This included hazardous substances, manual handling and infection control. There was a business continuity plan that outlined the intended purpose to help staff overcome unexpected incidents and their responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. Procedures were in place to enable them to respond to each situation. Where relevant, contact telephone numbers of organisations to contact were listed in the policy.

As at the time of our inspection the only recent risk assessment carried out was an external fire risk assessment

completed in January 2014. There were no outstanding actions from the risk assessment. We discussed the lack of other risk assessments with staff in the practice and were advised that they planned to carry out risk assessments in the near future including another fire risk assessment and a premises risk assessment.

Fire drills were conducted twice a year and the smoke alarms were tested every month. Fire evacuation procedures were displayed appropriately.

## Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. The head dental nurse was the infection control lead.

There was a separate decontamination area. There were two sinks in the decontamination room; one for hand washing and one for washing; a separate bowl was used for rinsing dental instruments. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included manually cleaning; inspecting under 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, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process. Water temperatures were checked and staff maintained a log of the manual cleaning carried out.

There were two autoclaves, although only one was being used at the time of our inspection. We saw records of all the daily and weekly checks and tests that were carried out on the autoclave to ensure it was working effectively. The checks and tests were in line with guidance recommendations.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in each surgery and were stored appropriately until collection by an external company, every week.

The surgeries were visibly clean and tidy. There were appropriate stocks of personal protective equipment such

# Are services safe?

as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Wall mounted paper hand towels was available. Hand gel was available but not wall mounted.

We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff had been appointed for the domestic cleaning at the practice. Cleaning schedules were in place and we saw the logs to confirm they were being completed.

An up to date Legionella risk assessment had been carried out in October 2014 and was due to expire in October 2016. The results of the assessment were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Purified water was used in dental lines and managed with a purifying solution. Taps were flushed daily in line with recommendations.

The practice had carried out an infection control audit in June 2014. The practice sent us evidence following our inspection to confirm another audit in November 2015 had been completed.

## Equipment and medicines

There were appropriate arrangements in place to ensure equipment was maintained. Service contracts were in place for the maintenance of equipment including the autoclave and compressor. All equipment used had been inspected and serviced in October 2015. The practice had portable appliances and carried out PAT (portable appliance testing) every three years. Appliances were last tested in October 2012.

Medication was stored and monitored appropriately.

## Radiography (X-rays)

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. One of the principal dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

We saw evidence of staff qualifications for radiation training however this was not available for all staff on the day of the inspection. The practice manager sent us confirmation following our inspection that relevant staff had completed training or had it planned as part of their five year cycle.

There was evidence of the practice having undertaken critical examination test and risk assessment. Dentists were carrying out individual X-ray audits.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The dentists used current guidelines such as those from the National Institute for Health and Care Excellence (NICE) to assess each patient's risks.

During the course of our inspection we checked a sample of dental care records from all the dentists to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra- and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. 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.

### Health promotion & prevention

Dentists told us that they gave health promotion and prevention advice to patients during consultations. Clinical staff gave us thorough explanations of the advice they gave to patients. This ranged from teeth brushing techniques, dietary advice, smoking cessation and advice on products to use. Leaflets were also given to patients relating to these areas and also soft and hard tissues and cancer screening.

Printed information was available to patients in the waiting room and surgeries as well as posters on display in the patient waiting area

### Staffing

All clinical staff had current registration with their professional body, the General Dental Council and were all up to date with their continuing professional development requirements, working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 every five years]. We saw limited evidence of the range of training and development opportunities available to

especially non clinical staff to ensure they remained effective in their roles. For example IT training and dealing with complaints. Staff we spoke with told us they felt they would benefit from this training. We spoke with one of the principal dentists who advised us that plans were in place for the coming months to improve the learning and development opportunities for all staff including non-clinical staff. This included role specific training and improvements to their IT system to make administration more streamlined.

### Working with other services

The practice had processes in place for effective working with other services. All referrals were made using a standard proforma. This included referrals to orthodontists and for minor surgery. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records. Fast track referrals were seen within two weeks and details were faxed and followed up with a telephone call to ensure it was received. We reviewed a sample of referrals made by dentists and saw they were made appropriately.

### Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be taken and how it should be documented. Consent was usually obtained verbally and recorded in patients' dental care records. There were consent forms for certain procedures such as implant surgery.

All clinical staff whom we spoke with demonstrated understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. . Staff gave us examples of when the MCA could be used and how it related to them in 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 them].

Dental care records we checked demonstrated that consent was obtained and recorded appropriately.

# Are services caring?

## Our findings

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

We received feedback from 24 patients via Care Quality Commission comment cards and spoke with three patients on the day of the inspection. Feedback was very positive. Patients told us that staff provided a friendly and professional service and they treated them with dignity and respect. Patients spoke positively about instances where staff had shown compassion and displayed empathy and given practical assistance if they had experienced painful or complex treatment that may have caused distress.

Staff told us that they ensured they maintained patients' privacy during consultations by closing doors and asking if they were comfortable. During our inspection we observed staff being respectful by ensuring that the door was always closed and conversations could not be overheard in the surgery.

Patients' information was held securely electronically. All computers were password protected with individual login requirements.

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

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that things were explained well and they were provided with treatment options. Information relating to costs was always given and explained including details about the different NHS band charges. Treatment options were discussed with the benefits and consequences pointed out. Patients also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dentists explained how they involved patients in decisions about their care and treatment. This included using visual aids and models to help them understand the diagnoses and proposed treatment. Discussions with patients and efforts to involve them were clearly documented in dental care records.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. The practice is open from 9.00am to 5.30pm on Monday, Wednesday and Thursdays, Tuesday from 9.00am to 7.00pm and Friday from 8.00am to 2.00pm. Patients we spoke with indicated that these opening times suited their needs. Staff explained the adjustments they made to respond to patients' needs. This included swapping surgeries if the planned surgery was not the most appropriate. For example if a patient had mobility issues and was due to be seen by a dentist who used an upstairs surgery they would ensure the patient was seen in a surgery that was on the ground level.

Emergency and non-routine appointments were available every day. A certain number of appointment slots were held to accommodate this. If a patient had an emergency they were asked to attend the surgery, and would be seen as soon as possible.

Information was available in other formats such as large print for patients who required it.

### Tackling inequity and promoting equality

The practice manager told us that the local population was diverse with a mix of patients from various cultures and background. The staff team was diverse as well and staff spoke different languages. Staff also had access to NHS translation services if patients spoke another language that staff did not speak.

The building was wheelchair accessible and the downstairs surgeries could also accommodate wheelchairs. Patients' toilets were located upstairs although there was a downstairs toilet which patients with mobility issues could access, however it was not wheelchair accessible.

### Access to the service

The practice opening times were advertised in the practice window and the practice leaflet.

Appointments were booked by calling the practice or in person by attending the practice. The practice operated a 24 hour duty dentist system so if patients required assistance outside of normal opening hours they could call the duty dentist for advice. This would usually result in them either being given advice on the phone or being referred to out of hours' services. Details of out of the "111" hours services were also available via the recorded message on the practice answer machine and in their practice leaflet.

Patients who provided feedback were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them.

### Concerns & complaints

At the time of our visit there had been one complaint made in the past 12 months. The practice manager explained their complaints policy and procedure and went through the complaint that had been received. Staff we spoke with also demonstrated knowledge of their complaints procedure, including knowing timescales for responding, and what to do in the event of a patient needing to make a complaint.

Information relating to complaints was readily available to patients. There was a complaints notice in the patient waiting area as well as information in the patient leaflet. Patients we spoke with were aware of how to complain, although they hadn't ever had to complain.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had a range of policies and procedures for the smooth running of the service. Staff we spoke with confirmed that they knew how to access the practice policies.

Dental care records we checked were complete legible and stored securely.

Staff told us that audits completed over the past 12 months included audits on infection control, record cards and patient waiting times. Neither of these audits were available for us to review on the day of the inspection. The only audit available was an antibiotic prescribing audit conducted in 2013. We reviewed the audit and saw that it was limited in outlining learning points and demonstrating improvements.

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

The two principal dentists owned the practice and the practice manager was responsible for the day to day running of the practice. We saw that staff in the practice were clear about the lines of responsibilities and were confident in approaching the practice manager to discuss issues if they needed to. One of the principal dentists told us that the practice statement of purpose was displayed in the patients' waiting room to be transparent with patients about the aims and objectives for the service.

We discussed the duty of candour requirement in place on providers with one of the principal dentists and they demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients and staff. The explanations were in line with the expectations under the duty of candour.

### **Learning and improvement**

The practice had processes in place to ensure staff were supported to develop and continuously improve. Nurses and reception staff had annual appraisals. This process included setting objectives and highlighting areas for development. We reviewed staff appraisals and saw that in some instances they supported learning outcomes however there were areas staff had highlighted for development that were outstanding. We discussed this with one of the principal dentist and they confirmed that there were plans in place to ensure all staff including non-clinical staff received role specific training needs that had been identified.

To assist learning and improvement the principal dentists carried out weekly meetings with the other dentists. During these meetings they discussed any learning and development areas, patient safety issues and any actions from previous informal peer review meetings. They told us that these meetings were useful to identify learning points that could be and were often discussed at wider team meetings.

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

The practice participated in the NHS Friends and Family Test. Results were collected monthly and analysed to pick up any patient feedback. Staff we spoke with confirmed their views about practice developments were sought through the staff meetings. They also said that the practice manager and principal dentists were approachable and they could discuss with them if they had suggestions for improvement to the service.