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Haringey Dentalcare

Inspection Report

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Date of inspection visit: 5 August 2015
Date of publication: 15/10/2015

Overall summary

We carried out an announced comprehensive inspection on 5 August 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 not 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 not providing well-led care in accordance with the relevant regulations

Background

Haringey Dentalcare is located in the London Borough of Haringey and provides NHS and private dental services.

The practice team included the principal dentist and a trainee dental nurse.

We reviewed 29 Care Quality Commission (CQC) comment cards completed by patients. We were unable to speak to patients on the day of the inspection as no patients had been booked. The feedback from the patients who completed the CQC comment cards was positive in relation to the care they received from the practice. They commented that staff were caring, respectful and helpful.

Our key findings were:

- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- Staff were knowledgeable about patient confidentiality.
- Patients were able to make routine appointments and emergency appointments when needed.
- The patient comment cards we reviewed indicated that patients were consistently treated with kindness and respect by staff.
- Staff told us they were well supported by the principal dentist.
- The principal dentist ensured consent was obtained before providing treatment
- Risks to patients and staff had not been always been suitably assessed and mitigated

Summary of findings

- Staff did not have access to an automated external defibrillator (AED).

We identified regulations that were not being met and the provider must:

- 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'.
- Establish an effective system to assess, monitor and mitigate the risks including and not limited to those associated with cleaning of used dental instruments, control of substances hazardous to health, and lack of monitoring of temperature of the fridge used to store dental products.
- Undertake 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.

You can see full details of the regulations not being met at the end of this report.

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

- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Ensure all staff are aware of their responsibilities under the Mental Capacity Act (MCA) 2005 as it relates to their role.
- Ensure staff are up to date with Continuing Professional Development (CPD) recommended by the General Dental Council.

Review the practice's protocols for the use of rubber dam for root canal treatment giving due regard to guidelines issued by the British Endodontic Society

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice had some systems in place to assess and manage risks to patients such as health and safety, dental radiography and the management of medical emergencies. The staff we spoke with were aware of the practice protocols for responding to an emergency. The practice had emergency oxygen, and there were face masks of different sizes for adults and children. The practice did not have an automated external defibrillator and some of the equipment in the emergency drug kit such as syringes had expired. There was a safeguarding and whistle blowing policy.

We found dental instruments that had been cleaned and sterilised still had debris on them and also clean instruments were not being stored appropriately in sealed pouches.

Weekly checks and annual servicing had not been undertaken on equipment such as the ultrasonic bath used to clean dental instruments. We found improvements could be made to the decontamination of used dental instruments. .

Staff could not explain the procedure for reporting incidents and the provider could not give any examples of incidents which had occurred in the past year.

The practice had safe systems in place for waste disposal, and dental radiography.

Are services effective?

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

Patients told us through comment cards that they were given time to consider and make informed decisions about which treatment option they wanted.

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice.

The provider was registered with the General Dental Council (GDC) and had evidence of continuing professional development (CPD); however, was in need of an update in some core CPD topics.

Are services caring?

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

We looked at 29 CQC comment cards patients had completed prior to the inspection. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity. 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.

Summary of findings

Information regarding the practice opening hours was available in the premises. We observed the waiting area and treatment rooms on the ground floor were large enough to accommodate patients with wheelchairs and prams and there were also disabled toilet facilities. There was a clear complaints procedure and information about how to make a complaint was displayed in the reception area.

Patients who needed emergency appointments would normally be seen on the day.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

The practice had systems in place to seek and act upon feedback from patients using the service, including carrying out a patient survey; however, the surveys were not dated. The provider ensured there were systems to monitor the quality of the service that were used to make improvements to the service. Staff demonstrated an awareness of the practice's purpose and were proud of their work.

We found that there was lack of effective governance arrangements in place. Staff meetings were not held regularly in recent months and had not been documented. Clinical audits for radiographs were not undertaken regularly and there was no evidence of improvements made as a result of audits. We saw evidence that the infection control audit was completed twice yearly; however, we found that there was lack of monitoring arrangements to ensure the decontamination of used dental instruments was always in line with national guidance.

Haringey Dentalcare

Detailed findings

Background to this inspection

An announced inspection was carried out on the 5 August 2015 by two inspectors from the Care Quality Commission (CQC). They had access to remote advice from a dentist specialist advisor.

Prior to the inspection we reviewed information we held about the provider and by other organisations.

During the inspection we toured the premises and spoke with the principal dentist and trainee dental nurse. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We obtained the views of 29 patients who had filled in CQC comment cards. We were unable to speak to patients on the day of the inspection as patients had not been booked in.

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 was a system in place for reporting incidents, and the practice was using an accidents and incidents book to record adverse events. However, staff we spoke with could not explain the process they would follow if they observed an incident. Further, there was no evidence that learning occurred as a result of such events. The practice could not demonstrate that incidents were discussed and action plans were implemented to prevent the recurrence of any problems. The practice could not give any examples of incidents which had happened in the past year.

Reliable safety systems and processes (including safeguarding)

The practice had a child protection policy in place. This provided staff with information about identifying, reporting and dealing with suspected abuse. The policy was readily available to staff. There was also a policy on safeguarding adults at risk; Staff had contact details for the local authority's child protection and adult safeguarding teams.

Safeguarding was identified as essential training for all staff to undertake; however, the principal dentist had not had training since 2011.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (for example from handling needles or sharp instruments). The practice used a resheathing device to support staff to dispose of needles safely.

There were adequate supplies of personal protective equipment, such as face masks and heavy duty rubber gloves for use when manually cleaning instruments. The provider undertook root canal treatment and told us rubber dam was used in line with guidance from the British Endodontic Society; however, we found that the rubber dam kit was incomplete and not able to be used.

Staff were aware of the procedures for whistleblowing if they had concerns. Staff told us they were confident about raising such issues with the principal dentist.

Medical emergencies

The practice had some arrangements in place to deal with medical emergencies. Both staff members had received training in emergency resuscitation and basic life support, most recently in March 2015.

The staff we spoke with were aware of the practice protocols for responding to an emergency. The practice had emergency oxygen, and there were face masks of different sizes for adults and children. However, the practice did not have a automated external defibrillator (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). The practice had a store of emergency medicines in a dedicated emergency medicines kit, and staff were aware of where to find this. The emergency medicines were stored securely and could not be accessed by patients. All the emergency medicines were up to date; however, there were out of date syringes in the kit. There was no system in place to ensure that the emergency medicines kit was regularly checked to ensure that stock would be replaced when necessary.

Staff recruitment

The practice did have some documentation in place for the recruitment of staff which included requesting curriculum vitae. The provider told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for staff and we saw evidence of this in the staff file looked at. However, the staff file did not contain references. There was evidence of staff Hepatitis B immunization status. These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post.

The provider had employed a trainee dental nurse therefore it was not necessary for them to check the professional registration to ensure professional registrations were up to date. There was evidence that the trainee was currently undergoing training and enrolled on a course.

Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place. The practice had undertaken a number of risk assessments in order to identify and manage risks to patients and staff. For example, we saw risk assessments for radiation, electrical faults and fire safety, which were up to date.

Are services safe?

The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants. Hazardous substances were stored in a restricted area and staff were aware of this.

Infection control

The provider ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. The practice had a copy of the guidance about decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'.

Posters about good hand hygiene and the decontamination procedures were displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment rooms appeared visibly clean. Instrument decontamination was carried out in a dedicated decontamination room. The trainee dental nurse showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments; packaging and storing sterilised instruments. They wore appropriate protective equipment such as eye protection, heavy duty gloves and a mask while instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). However, the water temperature was not controlled during the manual instrument cleaning procedure and we were told non-linting cloth was not always used for drying in accordance with HTM 01-05. An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages.

We saw instruments were stored in pouches; however some had debris on them which indicated they may not have been cleaned and sterilized effectively and some pouches had not been dated to indicate when they should be reprocessed, if left unused. We also found that although instruments were stored in pouches, the pouches had not been sealed so that they were air-tight and had instead been partially stapled closed. The provider told us a thermometer had been provided for staff to use whilst manually cleaning instruments and that pouches were not dated as the instruments were used within a week;

however, the provider was unable to tell how staff would know when the week had elapsed. We were also told that the machine to heat seal the pouches did not do so sufficiently and that was the reason the pouches had been stapled.

A reverse osmosis machine was used to produce softened water to supply dental equipment as necessary, in accordance with HTM 01-05.

The practice had systems in place for daily and annual quality testing of the decontamination equipment and we saw records which confirmed these had taken place. There was no evidence that the ultra-sonic bath had the weekly protein residue test and received an annual quality test. The provider told us the weekly protein test was carried out but evidence of this was not retained.

Records showed a risk assessment for Legionella March 2015 had been carried out. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified. Preventive measures had been recommended to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients, and monitoring cold and hot water temperatures each month. We saw records that these tests and checks were being undertaken.

We observed waste was separated for disposal by a registered waste carrier and documentation was detailed and up to date.

The practice had audited its infection prevention and control procedures in June 2015 to assess compliance with HTM 01-05. This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

Equipment and medicines

The practice advised that they checked the stock of medications held on a weekly basis to ensure that sufficient medications were held, and they were all in date. However, the records indicated that stock had only been checked on one occasion in the past six months. The practice advised that they checked the temperature of the refrigerator used to store medication on a daily basis; however, there was no record that this was done.

Are services safe?

Prescription pads were held in a secure cabinet, which only the dentist had access to; however, there was no method in place to track the numbers and movement of prescription forms.

The practice held an eye wash kit, for emergency use, and this was in-date. There was a first aid kit available; however, several items were out-of-date (for example, a dressing which should have been used by February 2007 and gloves which should have been used by May 2006). They also held a mercury spillage kit (for incidents with amalgam use); however, the expiry date of this was December 2008.

There were systems in place to check and record that equipment was in working order. These included checks of electrical equipment such as portable appliance testing (PAT). Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. This helped ensure there was no disruption in the safe delivery of care and treatment to patients.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in this file. The procedures and equipment had been assessed by an independent expert within the recommended timescales. There were staff training records to demonstrate that staff kept up to date with their knowledge and use of the X-ray equipment. There was no evidence that audits of X-rays were carried out to determine whether X-rays were of adequate quality. The radiation protection file identified the radiation protection advisor (RPA) and radiation protection supervisor (RPS) for the practice.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We discussed patient care with the principal dentist and during the course of our inspection checked dental care records to confirm the findings.. We found that the dentist regularly assessed patients' gum health and took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, and findings of X-ray images taken; however, were not always quality assuring images. We observed that patients' medical histories were not always recorded or updated.

Most, but not all, of the records we reviewed showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). Different BPE scores triggered further clinical action.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines and records showed that patient's soft tissues (including lips, tongue and palate) were regularly examined. The practice was also using the evidence based Delivering Better Oral Health Toolkit when considering care and advice for patients, and we saw evidence that this was implemented in the patient records.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. The dentist told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. The dentist also identified patients' smoking status and offered advice regarding smoking cessation services that were available in the local area.

They carried out examinations to check for the early signs of oral cancer. We noted that patient records also contained information about smoking status and alcohol consumption.

Staffing

The practice had identified key staff training including infection control, radiation and basic life support.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed. There were records of appraisals in the staff file we looked.

The provider told us they had plans to recruit more staff, including a receptionist, and locum staff were available to cover staff absences.

Working with other services

The practice had an effective system of onward referral to other providers, for example, for oral surgery, orthodontics or advanced conservation. The dentist showed us that they kept a record of referrals in order to monitor outcomes and showed us some examples of recent referrals they had made.

Consent to care and treatment

The practice ensured consent was obtained for care and treatment. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Notes of these discussions were recorded in the clinical records.

The dentist was not able to demonstrate that they had attended training on the Mental Capacity Act (2005). 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. The dentist was not clear as to how they would apply this legislation in practice, or of their responsibilities to act in patient's best interests if they lacked capacity.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Staff understood the importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained. For example, all records were kept in a locked cabinet, and replaced back immediately after they had been used. Staff also told us that people could request to have confidential discussions in an empty treatment room, if necessary.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of NHS, but not private dental charges or fees. Staff told us that they took time to explain the treatment options available and that they made use of visual aids that were available to illustrate problems and treatments. Staff advised that they would check understanding and provide further explanation if necessary, particularly with child patients. They spent time answering patient's questions and gave patients a copy of their treatment plan. Patients told us through comment card that they felt involved in their care and treatment planning.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

A patient information leaflet was available with information about the services the practice offered. We found the practice had an appointment system in place to respond to emergencies and patients in pain would be seen the same or next working day.

Tackling inequity and promoting equality

The provider was aware of the Disability Discrimination Act 2010 (DDA). The practice was situated on the ground floor. Patients with pushchairs or wheelchair users had access into the practice. The layout allowed access to the reception area and a treatment room. There were also disabled toilet facilities. The practice did not have an audio loop system for patients with hearing impairments. Staff told us they had access to interpreters.

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients.

Access to the service

Information regarding the practice opening hours was available in the premises. The practice answer phone message provided information on opening hours as well as on how to access out of hours treatment.

Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with guidance about how to support patients who may have wanted to complain. This did include contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place to promptly investigate and communicate with the patient. The practice had received one complaint in the past 12 months. This was still on going at the time of the inspection.

Patients were encouraged to comment on the service they received and suggest improvements using a comments box available in the waiting area.

Are services well-led?

Our findings

Governance arrangements

There were relevant policies and procedures in place; however, there was no evidence that these were regularly reviewed or updated. Staff were aware of these policies and procedures and acted in line with them. The practice aimed to hold monthly staff meetings; however, there were months where no meetings occurred. Further, the meetings were not formally minuted to clearly evidence what had been discussed or planned.

Records relating to patient care and treatment were kept accurately, although records relating to staff recruitment were not consistent. There were some arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. However, these assessments were not always being used effectively to drive improvements in a timely manner.

Leadership, openness and transparency

The staff we spoke with described an open culture. Staff said that they felt comfortable about raising concerns with the principal dentists and that they were listened to and responded to when they did so. Staff did not have regular meetings and although we were advised that team meetings occurred monthly, there were several months in the past year in which no meetings had taken place.

Staff told us they enjoyed their work and were well supported by the principal dentist.

A system of staff appraisals was also used to identify staff training and career goals. We saw that the principal dentist took on board staff aspirations in terms of their personal development.

Learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. The principal dentist was registered with the General Dental Council (GDC) and the trainee dental nurse was enrolled on a course. [The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom].

Staff were being supported to meet their professional standards and complete continuing professional development standards set by the General Dental Council. The trainee dental nurse told us they had good access to training via their college. We saw evidence that the principal dentist had completed continuous professional development (CPD) as required by the GDC. However, there was no evidence of recent training in Safeguarding children and adults at risk and infection control.

The practice audited some areas of their practice such as infection control twice yearly. Improvements could be made to undertake regular audits such as those of radiographs and dental care records and use audits to improve the quality of service.

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

The practice had systems in place to seek feedback from patients using the service, including carrying out patient surveys.

It was unclear when the last patient survey was carried out as the survey's had not been dated; however, it showed a good level of satisfaction with the quality of service provided.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control</p> <p>Regulation 12 HSCA (RA) Regulations 2014. Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not ensure that the equipment used for providing care or treatment to a service user was safe for such use and used in a safe way.</p> <p>The provider did not have an effective procedure in place to assess the risk of, and prevent, detecting and controlling the spread of, infections, including those that are health care associated.</p> <p>Regulation 12 (2) (e), (h)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to :</p> <ul style="list-style-type: none">· Assess, monitor and improve the quality and safety of the services provided.· Assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.· Ensure that their audit and governance systems were effective

This section is primarily information for the provider

Requirement notices

Regulation 17 (1) (2) (a) (b) (f)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.