

Crofton Park Dental Practice Ltd

Crofton Park Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 26 October 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

Crofton Park Dental Practice is located in the London Borough of Lewisham and provides both NHS and private dental services to patients. The demographics of the practice are diverse, serving patients from a range of social and ethnic backgrounds.

The practice is open Monday to Fridays generally from 8.30am to 5.00pm, with two evenings a week where they open until 7.00pm and on Saturdays from 9.00am to 1.00pm. The practice is set out over two levels and facilities include three consultation rooms (two on the ground floor and one on the first), reception and waiting area, decontamination room, staff room/ administration office. The premises are not wheelchair accessible however the practice has an agreement in place with local dental surgeries, and if required can refer to them patients who might have restricted mobility.

We spoke with patients on the day of the inspection and also received 11 completed Care Quality Commission comment cards. Patients were positive about the service and gave good feedback. They told us that staff were friendly and caring and described the dentists as gentle. Patients gave examples of how staff treated them with dignity and respect and made them feel comfortable. Information was given to them in formats easy for them to understand and staff explained things clearly so they understood their care and treatment.

The principal dentist 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'.

Summary of findings

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.

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 and felt able to make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- There were appropriate equipment and 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.
- There was appropriate equipment for staff to undertake their duties, and equipment was serviced and maintained appropriately.
- Staff had access to appropriate development opportunities.
- Appropriate governance arrangements were in place to facilitate the smooth running of the service, including a programme of audits for continuous improvements.

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

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The provider had systems in place to ensure patients were safeguarded from abuse. Staff had completed appropriate child protection and adult safeguarding training within the past 12 months. There was a safeguarding policy in up to date and staff were aware of their responsibilities in relation to safeguarding. Systems were in place to receive safety alerts from external organisations. 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 well maintained and safe to use. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency, except for an automated external defibrillator (AED); however there was a risk assessment in place for the absence of the AED. X-rays were taken in accordance with relevant regulations.

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. Patients were given relevant information to assist them in making informed decisions about their treatment.

The practice maintained appropriate dental care records and patient details were updated regularly. Oral health 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. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005.

Are services caring?

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

We received feedback from 13 patients via Care Quality Commission comment cards and speaking to patients on the day. Feedback from patients was generally positive. Patients indicated that staff were professional and friendly and treated them with respect and dignity. They indicated that they were involved with their treatment planning and were able to make informed decisions about their treatment. We observed staff acting in a professional and caring manner towards patients.

Patients commented that they found the practice clean and tidy and they did not have problems accessing the service.

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. The practice leaflet had relevant information for patients such as contact details and treatments. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours details of the '111' out of hours service were available for patients' reference.

Summary of findings

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.

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 for their professional development. Audits were being used to improve the practice and staff we spoke with were well-trained, confident in their work and felt well-supported. Leadership was clear and staff were aware of the management structures. The practice obtained and acted upon feedback from its patients, the public and staff.

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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 October 2015 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information submitted by the provider and information available on NHS Choices website.

During our inspection visit we spoke with members of staff which included the dentists, dental nurses, trainee dental nurse and receptionist. We reviewed policy documents, staff records and CQC comment cards completed by patients.

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. All alerts were received by the principal dentist and if relevant shared with staff via email and also discussed at team meetings. The alerts received included alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England updates.

The practice had an incidents and accident reporting procedure. All incidents and accidents were reported in the incident and accident books. There was one reported incident in the past 12 months and no accidents. We reviewed it and saw that the appropriate action had been taken. This included recording it and taking action to make staff aware of what had happened. The principal dentist told us that staff were made aware of their responsibility to report and act upon accidents and incidents and were required to sign a disclosure agreement, confirming they will report when things go wrong, even if it is their mistake. All staff we spoke with were aware of reporting procedures including who and how to report an incident to and had signed the internal agreement. We saw that the handling of the incidents in the practice was in line with the duty of candour expectations. The person affected received an apology and was informed of the action taken. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity]. Staff meeting minutes we reviewed demonstrated that incidents were discussed appropriately with staff.

The practice had carried out a COSHH Regulations (Control of Substances Hazardous to Health, 2002) assessment (COSHH regulations were implemented to protect workers against ill health and injury caused by exposure to hazardous substances - from mild eye irritation through to chronic lung disease. COSHH requires employers to eliminate or reduce exposure to known hazardous substances in a practical way). There was relevant documentation for reporting RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) incidents. They had not had any RIDDOR incidents within the past 12 months. Staff demonstrated a good understanding of RIDDOR regulations.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. Copies of the policies including safety escalation flowcharts and reporting diagrams were readily available to staff. Details of the practice safeguarding lead, local authority safeguarding teams and other useful telephone numbers were also in the folder.

All staff had completed child protection training up to the appropriate level and adult safeguarding training. All staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

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

Patients were requested to complete medical history forms. This included advising of any existing medical conditions, social history and any 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

The provider had appropriate arrangements to deal with medical emergencies. There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. The practice medical emergency kit contained midazolam injections; however guidance suggests that midazolam oromucosal solution is more appropriate for use in dental practices.

We saw records of the daily checks that were carried out to ensure the medicines were not past their expiry date. Medical oxygen was available on the premises. Staff we spoke with knew how to use it and where it was located. The practice did not have an automated external defibrillator (AED) in line with Resuscitation Council Guidance UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable

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electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. The principal dentist told us they had carried out a risk assessment for not having an AED. The results of the risk assessment concluded that they should purchase one.

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

Staff recruitment

The practice had an up to date recruitment policy and procedure that outlined how staff were recruited and listed the pre-employment checks that were carried out before someone could commence work in the practice. Some of the staff had been working in the practice for a while and we saw that most of the pre-employment checks had been completed for these staff. We reviewed staff files for staff recently completed and saw that all pre-employment checks had been completed for these staff. The practice policy included confirming professional registration details, proof of address, proof of identification and qualifications, references, indemnity, Disclosure and Barring Services (DBS) check, curriculum vitae and immunisation proof.

There was a full complement of the staffing team. The team consisted of seven dentists, three nurses and three reception staff. We saw confirmation of all clinical staff's registration with the General Dental Council (GDC).

Monitoring health & safety and responding to risks

There were appropriate arrangements in place to respond to and deal with risks and foreseeable emergencies. This included having a business continuity plan in place and carrying out risk assessments. The business continuity plan covered events such as power failure, loss of IT and flooding in the premises. There were details of relevant organisations to contact in the event of an emergency. The practice had never experienced a major event however the principal dentist's explanation of how they would handle a situation indicated that they were suitably prepared.

There were also a set of risk assessments that were carried out. This included a risk assessment to the water lines and

a fire risk assessment (conducted in September 2014). We reviewed the risk assessments and found that improvements could be made to cover all relevant areas and to follow up on actions required.

Smoke detectors were tested on a monthly basis and fire drills were conducted every six months.

Infection control

There was a separate decontamination room for the cleaning and sterilization of dental instruments. There were three sinks in the decontamination room in line with current guidance; a hand washing sink and a sink for cleaning and one for rinsing dental instruments.

One of the dental nurses gave a demonstration of the decontamination process. The process of cleaning, disinfecting, inspection, sterilisation, packaging and transportation was all completed 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)'. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

We reviewed records of the checks and tests that were carried out on the autoclaves and washer disinfectors and the records were in line with guidance.

All relevant staff had been immunised against blood borne viruses and we saw evidence of this. There was a contract in place for the safe disposal of clinical waste, which was collected every two weeks. The practice had blood spillage and mercury spillage kits.

The surgeries were visibly clean and tidy. There were appropriate stocks of personal protective equipment for both staff and patients such as gloves, safety glasses and disposable aprons. There were enough cleaning materials for the practice. Cleaning equipment was stored appropriately. Wall mounted paper hand towels and hand gel was available as were clinical waste bins. The dental nurses cleaned 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.

The last legionella risk assessment had been completed in January 2013. The provider was unable to locate the report with actions but assured us that all actions had been completed. Actions were identified; for example, that the practice should carry out monthly water temperature

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checks. We saw the action that the practice had taken since the assessment was carried out. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The dental lines were maintained with a purifying agent. Taps were flushed daily in line with recommendations.

Infection control audits were being carried out and we reviewed the most recent one carried out in December 2014.

Equipment and medicines

There were appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of the pressure vessel, washer disinfector and autoclave. All equipment had been serviced in October 2015.

The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in January 2015.

No prescription medication was kept on the premises. All dentists issued prescriptions if patients' required medication.

Radiography (X-rays)

The principal dentist was the radiation protection supervisor (RPS) and there was an appointed external radiation protection advisor (RPA). All relevant staff had completed radiation training. The radiation protection file was up to date with an up to date acceptance test, maintenance and servicing and critical examination reports. Local rules were displayed in the surgery and included in the radiation protection file. They had been updated in September 2015 and signed by all relevant staff.

A radiographic audit was currently being undertaken. We did not see any evidence of any previous audits having been conducted.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current guidance. This included following the National Institute for Health and Care Excellence (NICE) and Delivering Better Oral Health (DBOH) guidance. DBOH is an evidence-based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

During our inspection we checked dental care records to confirm our findings. We saw evidence of comprehensive assessments to establish individual needs. Assessments showed that the condition of teeth and gums was recorded. 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

There were a range of leaflets available in the patients' waiting room relating to health promotion including oral cancer and smoking cessation. Patients we spoke with told us they found the information available useful.

Staff gave health promotion and oral health advice to patients during consultations. Dental care records we checked confirmed this; for example we saw that dietary advice, teeth brushing techniques and smoking cessation advice was given to patients.

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. The principal dentist maintained a training matrix so that they could be assured staff were on course to complete 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 hours' CPD every five years].

Staff we spoke with confirmed that opportunities existed for them to pursue their professional development and attend events relevant to their role. We reviewed staff training records and saw that staff had attended a range of courses and conferences for their development.

Staff we spoke with demonstrated that they were knowledgeable in various areas of dentistry and held certificates for additional training such as endodontics and oral health care.

Working with other services

The provider had arrangements in place for working with other health professionals to ensure quality of care for their patients.

Referral forms or personalised letters were sent and copies were retained on the dental care records. Urgent referrals were sent in line with fast track requirements. A log of referrals made was maintained and monitored by a member of staff.

Consent to care and treatment

The practice had a consent policy and forms for patients to complete for certain procedures including extractions and root canal treatment. Consent for general treatments such as check-ups was usually obtained verbally, recorded in the patients' notes and patients were given a treatment plan. We checked dental care records and saw that consent was documented appropriately.

The principal dentist had a thorough understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. We were given example of when they would act in a patient's best interest and how this should be documented. Other staff in the practice also demonstrated understanding of the MCA and how to obtain consent from patients who may lack capacity to make decisions of give consent. [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].

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 13 patients through completed CQC comment cards and speaking with patients during the inspection. Feedback was very positive. Patients told us staff treated them with dignity and respect and were empathetic if they were in pain.

Privacy was maintained during consultations by closing doors and staff not entering if they knew a patient was in consultation, unless absolutely necessary. The environment of the surgeries was conducive to maintaining privacy. We saw that reception staff made every effort to ensure they spoke to patients in lowered voices to maintain privacy.

We observed staff interaction with patients in the waiting room and saw that staff interacted with patients in a respectful and friendly manner.

Involvement in decisions about care and treatment

Patients told us they were involved in their treatment and planning and things were always explained to them so they understood what was happening and reasons why. Some patients told us that staff used models and pictures to make their explanations clearer and if they needed time to think about treatment they were given time to go away and consider it.

Staff we spoke with gave examples of how they explained the diagnoses to patients and told us they would never carry out treatment if a patient was unsure.

The dental care records we checked also demonstrated that people were involved in planning and it was documented in their clinical notes. For example we saw that the risks and benefits of treatment were explained and the options available to patients for treatment were also outlined.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was open from 8.30am to 5.30pm or 6.00pm on weekdays, and until 1.00pm on Saturdays. The principal dentist told us that the appointment times were reflective of patients' needs.

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

Tackling inequity and promoting equality

The patient population was quite diverse with patients from a range of backgrounds. Information was available in other formats including large print and other languages if requested by patients. The practice also had access to translation services via the NHS.

The practice was set out over two levels. The building was not wheelchair accessible however the practice had arrangements in place with another surgery close by which they could refer patients to.

Access to the service

There was a patient leaflet with detailed information for patients outlining treatment costs, emergency out of hours' details and services. Information about the service was also available on NHS Choices website.

If patients required an appointment outside of normal opening times they were directed to the "111" service. The service tried to ensure that patients had access to the details of the out of hours' service by advertising the contact details on the practice door, practice leaflet and there was also a message on the practice answer machine message when the practice was closed.

Feedback received from patients indicated that they were happy with the access arrangements.

Concerns & complaints

The provider had a complaints policy and procedure in place. The policy included receiving, handling and resolving complaints. Details about how to make a complaint and complaints handling, were also in the policy. We also reviewed the paperwork for the complaints and saw that appropriate action had been taken.

Are services well-led?

Our findings

Governance arrangements

The practice had a set of policies and procedures in place for the smooth running of the practice. Some of the policies had not been updated and included out of date information, for example the incident reporting policy still referred to the old RIDDOR regulations. We spoke with the principal dentist and they confirmed the policies would be updated. Policies were available in hard copy and via the computer and staff we spoke with were aware of this.

There was an employee handbook made available to all staff. This covered the work practices, staff attendance policy and health and safety policy and regulations. The principal dentist told us this helped staff to ensure they worked to the appropriate standards and perform well.

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

The practice had a programme of audits in place. Various audits had been completed over the past 12 months and included audits on infection control, record keeping and equipment. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes.

Leadership, openness and transparency

Leadership in the practice was clear. Staff we spoke with were positive about working in the practice and the leadership. Staff were happy working in the service and spoke respectfully about the leadership and support they received and were confident in approaching the principal dentist.

We discussed the duty of candour requirement in place on providers. The principal dentist gave us relevant examples of how they had displayed duty of candour through their

incidents handling. We also saw that this was extended to team meetings where any errors or mistakes were also discussed. The explanations of how they ensured they were open and transparent with patients and staff was in line with the expectations under the duty of candour. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Learning and improvement

Learning from events and incidents were usually shared with staff through team meetings. Team meetings were held on a monthly basis. We reviewed the most recent meeting minutes and saw that learning from events was a standard agenda item.

The staff received regular appraisals and were able to approach the principal dentist for further support and assistance. We reviewed staff files and noted that appraisals were being carried out on an annual basis. Individual objectives were set out and monitored and updated regularly.

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

The practice undertook their own patient satisfaction surveys and also participated in the NHS Friends and Family test. The principal dentist told us that they analysed the results of the surveys and acted on them. For example, patients undergoing endodontic treatment had indicated that more post treatment information would be useful. As a result the practice had devised a post treatment leaflet which was given to all endodontic patients. The practice also collected the NHS Friends and Family test survey. The results were collated every month and sent to NHS as well as analysed by the practice. The results from this survey also fed into patient feedback to ensure there was learning from the findings.