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The Beulah Hill Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 28 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

The Beulah Hill 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 five dentists, six dental nurses, one trainee dental nurses, two receptionists (although the dental nurses also performed reception duties).

The practice is open Monday to Thursdays from 8.00am to 4.00pm and Fridays from 8.00am to 12.00pm. The practice facilities include four consultation rooms, reception and waiting area, decontamination room, staff room and administration office. The premises are wheelchair accessible and have facilities for wheelchair users.

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

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

We received 50 completed Care Quality Commission comment cards and spoke with three patients during our inspection. Patient feedback was very positive about the

Summary of findings

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.
- 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, including a programme of audits for continuous improvements.

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 well 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. 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 50 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 website and a practice leaflet. 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 and local hospital were available for patients' reference.

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 and shared with staff. Leadership structures were clear. Opportunities existed for staff for their professional development. Audits were being conducted and were used to improve the practice. Staff we spoke with were well-trained, confident in their work and felt well-supported.

The Beulah Hill Dental Centre

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 28 October 2015 and was undertaken by a CQC inspector, a second CQC inspector 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 and reception staff 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. This included forwarding them to relevant staff and also printing them and leaving them in a central location for all staff reference. The principal dentist told us that in some instances they shared them verbally with relevant staff to ensure they were aware. This 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 log and accident books. There had been one accident in the past 12 months. We reviewed it and saw that the appropriate action had been taken to make staff aware of what had happened and put procedures in place to reduce the risk of it occurring again. All staff we spoke with were aware of reporting procedures including who and how to report an incident to. There had not been any recent incidents; however the principal dentist explained how they had handled incidents in the past. 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 principal dentist 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)

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

and adult safeguarding training. Details of the local authority safeguarding teams were readily available to staff in a central file in reception, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was also displayed on the staffroom notice board. Most staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents. Staff that were less confident knew who the lead for safeguarding was and told us they would go to them if they were unsure.

Most dentists in the practice were following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. The dentists who used other preventative measures when performing root canal treatments were following procedures in line with alternative acceptable methods. [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 the drugs to ensure they were not past their expiry dates and the daily and weekly checks to ensure equipment was in working order in the event of needing to use them.

Are services safe?

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.

Staff recruitment

There was a full complement of the staffing team. The team consisted of five dentists, six dental nurses, one trainee dental nurses, two receptionists (although the dental nurses also performed reception duties). The principal dentist 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). We reviewed staff files and found that all appropriate checks and documents were present. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC). Appropriate paperwork was also in place for the trainee dental nurse.

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. 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. The practice had experienced a recent event where they had a total loss of their telephone system. We saw that staff implemented the business continuity plan to ensure the service still operated. The principal dentist gave

us a detailed explanation of how they handled the event. This included putting a notice on their website advising patients of the problem and providing an alternative telephone number; placing a notice in the surgery and informing relevant agencies such as NHS England. We saw that the handling of the event was done in accordance with their policy and the disruption to the service was minimised.

The practice carried out risk assessments to ensure they were prepared to respond to safety issues. This included a fire risk assessment which had been completed on February 2015. One of the clinical staff was the appointed fire officer responsible for overseeing fire safety related matters. Fire drills were conducted every six months.

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 principal dentist was the infection control lead.

There was a separate decontamination area. There were four sinks in the decontamination room; two for hand washing; one for washing and one 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.

We saw records of all the 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 two weeks.

Are services safe?

The surgeries were visibly clean and tidy. There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Wall mounted paper hand towels and hand gel was available.

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 cleaners 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. There were appropriate colour coded cleaning equipment and it was stored correctly at the time of our inspection.

An up to date Legionella risk assessment had been carried out and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Hot and cold water temperature monitoring was being carried out and logged and water lines were being cleaned. Water temperature checks were completed every month to water lines in the surgeries, toilets and decontamination room. 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 2015 and conducted them every six months.

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. The compressor had been inspected in October 2015 and the autoclave was serviced on November 2014. The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in May 2015.

Medication apart from emergency medications was not stocked at the practice.

Radiography (X-rays)

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

Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff. We also saw evidence of staff qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date, with equipment last being serviced in October 2015.

There was evidence of the practice having undertaken critical examination test, risk assessment and quality assurance. X-ray audits were being conducted on an annual basis. We reviewed the records of the last audit conducted in September 2015 and found actions had been completed.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists used current guidelines from the National Institute for Health and Care Excellence (NICE) and the British National Formulary (BNF) 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. Leaflets were given to patients before examinations relating to diet, teeth checks, soft and hard tissues, cancer screening and smoking advice. Brushing techniques were demonstrated and diagrams used to help patients understand the benefits of maintaining good oral health.

The principal dentist told us that health promotion was a priority for the practice and they encouraged staff to actively promote good oral health to patients. For example, we reviewed meeting minutes and saw that there was a training and refresher session during the September 2015 practice meeting. These included reminding staff to record advice given and actively give out written information.

Printed information was available to patients in the waiting room and surgeries.

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 evidence of the range of training and development opportunities available to staff to ensure they remained effective in their roles. The principal dentist monitored the training and development of staff to ensure they had the right opportunities and capacity to attend training.

Working with other services

The practice had processes in place for effective working with other services. All referrals were sent by post using a standard proforma of personalised letter. 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. They also had a folder with information relating to mental capacity, outlining how to assess a person who lacked capacity and what to do in such circumstances. All clinical staff whom we spoke with demonstrated understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competency. Staff gave us examples of when the MCA could be used and how the role 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. Patients who provided feedback confirmed that their consent was obtained for treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 50 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 treated them with dignity, respect and empathy. We were given examples of how staff displayed these quality including being attentive following complex treatment and ensuring privacy was maintained during treatment.

Staff told us that they ensured they maintained patients' privacy and displayed empathy 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 as paper records. 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 Monday to Thursdays from 8.00am-4.00pm and on Fridays from 8.00am to 12.00pm. The principal dentist told us that having early morning appointments every day suited their patient population.

Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments or seen over the practice lunch time break. If a patient had an emergency they were asked to come, 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 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 including Italian, Arabic, German and Tamil. Staff also had access to NHS translation services if patients spoke another language that staff did not speak. There was a sign in the reception area making patients aware of the translation service.

Reasonable adjustments were made such as producing information in large print and opening early every day to provide appointments before school and work hours for patients.

Access to the service

Appointments were booked by calling the practice, booking online or in person by attending the practice. In the event of a patient needing an appointment outside of the opening times, patients were directed in the first instance to the practice out of hours' service. Alternatively they were directed to call the NHS '111' service (via information on their website, a poster in the practice and a recorded message on the practice answer machine).

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 not been any complaints over the past 12 months. The principal dentist explained their complaints policy and procedure. They went over complaints they had received in previous years and their explanations of how they dealt with them were in line with their policy. 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 complaint was readily available to patients. There was a complaints notice in the patient waiting area as well as detailed information on the provider's website. 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. There was a system in place for policies to be reviewed periodically. Staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively. Staff were supported to meet their professional standards because the principal dentist monitored training and development and ensured staff were meeting professional requirements.

The practice had a comprehensive programme of audits in place. Audits that had been completed over the past 12 months included audits on record cards, emergency treatment, oral cancer and consent. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. For example the record card audit was on its fifth cycle of re-audit, the latest cycle having been completed in July 2015. Findings were summarised with actions identified. The oral cancer audit was completed in September 2015. We saw that actions had been identified and they had planned to discuss it during the October 2015 meeting.

Leadership, openness and transparency

Leadership was very clear in the practice and we saw clear examples where the principal dentist lead by example and promoted an atmosphere of openness amongst staff. For example, we saw that team meetings were used to discuss issues related to staffing issues, incident and errors. Staff we spoke with told us that senior staff were open and transparent and they felt confident going to them regardless of what the situation was (i.e. if they had to make them aware of a mistake they had made or discuss an issue).

We discussed the duty of candour requirement in place on providers and the principal dentist 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. Appraisals were carried out annually for all staff including the principal dentist. This process included setting objectives and highlighting areas for development. We reviewed staff appraisals and saw they supported learning outcomes. Some training was arranged centrally for all staff such as mental capacity Act training and life support. Other training opportunities were available to staff and this was usually identified through the appraisal process but staff could request if they desired any additional training.

We noted that the practice management was proactive in promoting learning from incidents. The principal dentist told us that incidents and complaints were discussed at team meetings. We reviewed team meeting minutes and saw that learning from events and incidents were discussed. For example the recent incident with the loss of the telephone system was discussed at the October meeting and we saw that lessons learnt were discussed and actions put in place to minimise the chance of it happening again.

The practice held team meetings every two month. We saw the minutes of the last three meetings and noted that issues relating to the practice and any updates were discussed. The practice manager told us that minutes were always shared with staff.

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

The practice carried out patient satisfaction surveys twice a year. Results were analysed to identify themes and trends. We reviewed the results of recently completed forms. They were very positive and also outlined areas of improvements for the practice to consider. Issues had been highlighted by patients, such as the decorative condition of the practice. We saw that the practice had put processes in place to act on patient feedback and make improvements.

Staff we spoke with confirmed their views about practice developments were sought through the staff meetings. They also said that the practice manager was approachable and they could go to them if they had suggestions for improvement to the service.