

Mr Abid Abdulkhaliq

Gidea Park Dental Practice

Inspection Report

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Date of inspection visit: 9 March 2020
Date of publication: 21/05/2020

Overall summary

We carried out this announced inspection on 9 March 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Gidea Park Dental Practice is in Romford in the London Borough of Havering and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the rear the practice.

The dental team includes four dentists, five dental nurses, three dental hygienists and three receptionists. The practice is supported by two practice managers. The practice has four treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 36 CQC comment cards filled in by patients.

During the inspection we spoke with two dentists, one dental nurse and the two practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday 8.30am to 5pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.

- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.
- Staff knew how to deal with emergencies. Improvements were needed to ensure all medicines and life-saving equipment were available as recommended.
- The provider had some systems to help them manage risk to patients and staff, however improvements were needed to consider all risks.
- The provider had safeguarding processes however improvements were needed to ensure all staff undertook the recommended safeguarding training.
- Improvements were needed to ensure fixed electrical installation and gas appliance servicing was carried out according to requirements.
- Improvements were needed to systems to ensure single-use items were disposed of after use.
- Systems are needed to ensure materials are not available for use in surgery beyond their use-by date and are disposed of appropriately.

We identified regulations the provider was not complying with. They must:

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider is not meeting are at the end of this report.






There were areas where the provider could make improvements. They should:

Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

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?	No action	
Are services effective?	No action	
Are services caring?	No action	
Are services responsive to people's needs?	No action	
Are services well-led?	Requirements notice	

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Improvements were needed to ensure all staff completed relevant safeguarding training. On the day of the inspection we were unable to see safeguarding training records for the two managers and one receptionist.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

On the day of the inspection, staff told us they had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed, however improvements could be made to document this.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment. On the day of the inspection the provider could not demonstrate that all recommendations in the risk assessment had been actioned. We have since received confirmation that outstanding recommended remedial works in relation to the water installation are to be carried out shortly. Comprehensive records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean. Suggested improvements, made on the day, regarding the storage of the cleaning equipment have since been implemented by the provider and evidence has been sent to us.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Improvements were needed to ensure clinical and non-clinical waste was stored in the appropriate bags for disposal.

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed. On the day of the inspection, we noted the practice did not have latex-free dental dam and we discussed the increased risks to patients. The practice has provided us assurances latex-free dental dam has since been ordered and was available immediately after the inspection.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure.

Are services safe?

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The five-year fixed wire testing and the gas appliances servicing had not been carried out according to requirements. We have since received confirmation from the practice that these are scheduled to be carried out shortly.

A fire risk assessment had not been carried out in line with the legal requirements. We saw there were fire extinguishers and smoke detection systems in the practice and fire exits were kept clear. Staff had carried out fire safety training and the practice had an appointed fire marshall.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. Improvements could be made to the audit to ensure any improvements and learning outcomes are monitored and shared with staff.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had some systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment had been undertaken. Improvements were needed to the risk assessment to consider the risks associated with the use and disposal of all dental sharps. On the day of the inspection we saw a sharps bin that was filled beyond the recommended capacity. Additional checks are needed to ensure sharps bins are replaced regularly to avoid the risk of a needlestick injury to staff.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Some emergency equipment and medicines were not available as described in recognised guidance. On the day of the inspection we found the face masks for use with the self-inflating bag were not available as recommended. We also found the practice did not have repeat doses of the medicine to manage a severe allergic reaction as recommended. We have received assurances from the practice that these items have been ordered. We found staff kept records to make sure items were within their expiry date, and in working order. Improvements could be made to the system to ensure all recommended items are available.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was in place for when the cleaner worked alone. Improvements were needed to consider the risks when the dental hygienists worked without chairside support. Since the inspection, we have received an updated policy that includes arrangements for the hygienist.

The provider had basic risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Improvements were recommended to ensure staff were aware where this information is stored and had access to this important guidance in the event of an incident.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Are services safe?

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. Improvements were needed to the systems to monitor and check that the referrals had been received and that the patient had been called for assessment or treatment.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe storage of medicines. Improvements were needed to implement a stock control system of medicines which were held on site. This would ensure that medicines could be accounted for, did not pass their expiry date and ensure enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines. An antibiotic prescribing audit had not been carried out to monitor prescribing procedures.

Improvements were needed to ensure out of date materials were disposed of appropriately. On the day of the inspection, we found various materials stored in the surgeries beyond their use-by date, the provider ensured these were disposed of immediately.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff told us they would monitor and review incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents.

There were ineffective arrangements to access, review and act upon safety information such as patient safety alerts. On the day of the inspection, the principal told us one of the associates would receive and share alerts however the practice managers were unaware of this system. They were not aware of any safety alerts issued within the previous 12 months. The practice registered for these alerts on the day of the inspection.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the one of the dentists at the practice who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to intra-oral cameras to enhance the delivery of care.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists and dental hygienists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, visiting the local schools to promote good oral hygiene.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

As the practice has long-standing staff who have been at the practice for in excess of seven years, we discussed the recruitment process. The practice had systems in place to ensure staff new to the practice would have a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the

practice did not provide. Improvements were needed to follow up with all referrals to ensure the it has been received and arrangements have been made to see and treat the patients as necessary.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were helpful, friendly and considerate. We saw staff treated patients respectfully and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care. They were aware of the requirements of the Equality Act. The Accessible Information Standard is a requirement to make sure that patients and their carers can access and understand the information they are given. We saw:

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them. Languages spoken at the practice include Urdu and Gujarati.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, X-ray images and an intra-oral camera. The intra-oral cameras enabled photographs to be taken of the tooth being examined or treated and shown to the patient/relative to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

36 cards were completed, giving a patient response rate of 72%

100% of views expressed by patients were positive.

Common themes within the positive feedback were friendliness of staff and easy access to dental appointments. We shared this with the provider in our feedback.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included step free access via the rear of the building. The size and layout of the premises however, did not afford the provision of accessible toilet facilities. We were informed by the practice staff that patients who required these facilities would be referred to local dental providers with accessible facilities.

Staff had carried out a disability access audit. The practice told us as part of this audit, they would consider the provision of a hearing induction loop and a bell at the back door to assist patients accessing the practice in a wheelchair.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The staff took part in an emergency on-call arrangement with two other local practices, offering 365 days a year cover and patients were directed to this out of hours service.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received. There had been no written complaints in the last 12 months.

These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

We found 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 section at the end of this report).

We will be following up on our concerns to ensure they have been put right by the provider.

The practice wrote to us with evidence of work that had been implemented immediately following the inspection. This information has been considered and will be reviewed when we carry out the follow up visit.

Leadership capacity and capability

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care. However the lack of implementation, understanding and adherence to some published guidance impacted on aspects of the day to day management of the service.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice managers were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

Some improvements were needed to ensure effective systems for governance in relation to the management of the service. The practice policies and procedures were available; however, we could not be assured they were reviewed, updated regularly or fully adhered to.

Improvements were needed to processes for managing risks to ensure they were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks in areas such as medicines management, medical and other emergencies, fire safety, lone workers or sharps. Where risks had been highlighted and recommendations made in risk assessments, we could not be assured these had been acted upon. This included, for example the Legionella risk assessment.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example patient surveys, were used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys to obtain staff and patients' views about the service.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection

Are services well-led?

prevention and control. Improvements were needed to include reflective and learning outcomes when carrying out dental care record and radiography audits to aid continual development.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. This was evident from the appraisals and discussions we had with the team.

Improvements were needed to the monitoring systems to ensure all staff with direct contact to patients undertake safeguarding training in accordance with guidance. On the day of the inspection, we were not able to see certificates for some members of staff in relation to safeguarding training. We have since received certificates for safeguarding training completed, by these members of staff, after the inspection.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17</p> <p>Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none">• There were ineffective systems to monitor the use by dates of some dental materials to ensure they are disposed of and not used to treat patients• There were inadequate systems for dealing with medical emergencies. The face masks for use with the self-inflating bag were not available. The practice did not have repeat doses of the medicine to manage a severe allergic reaction as recommended• There were inadequate systems in place to manage medicines safely and to protect patients against avoidable risks.• Improvements were needed to the monitoring systems to ensure all staff with direct contact to patients undertake safeguarding training in accordance with guidance.

Requirement notices

- There were ineffective systems to receive and act on safety alerts. Risks associated with only having latex dental-dam had not been considered.
- Used dental items designed for single use only such as endodontic files and burs were set up for re-use in the dental treatment rooms.
- There were ineffective arrangements to ensure servicing and testing of electrical and gas installations/equipment, were carried out as required by law.
- Where risks have been highlighted and recommendations made in risk assessments, there were no assurances these had been carried out, such as the Legionella risk assessment.
- Lack of staff accessibility to information related to the storage and handling of hazardous substances.
- Some risk assessments carried out, for example relating to sharps, did not consider all risks, therefore they could not be properly considered and managed.

Regulation 17(1)