

Mr. Karam Singh

JKS Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 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

JKS Dental Care is located in the London Borough of Greenwich and provides NHS and private dental services.

The staff structure of the practice comprised of a principal dentist (who is also the owner), receptionist and two dental nurses. The practice was open 9.00 – 5.30pm Monday to Friday.

Facilities within the practice include three treatment rooms, a dedicated decontamination room, an X-ray room and a reception area. At present only one of the surgeries was in use.

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.

Before the inspection we sent Care Quality Commission (CQC) comment cards to the practice for patients to complete to tell us about their experience of the practice. We received 38 completed cards and spoke with three patients on the day of the inspection. The feedback we received provided a positive view of the services the practice provides. All of the patients commented that the quality of care was good. We also spoke with three members of staff.

We carried out an announced comprehensive inspection on 19 October 2015 as part of our planned inspection of all dental practices. The inspection took place over one day and was carried out by a lead inspector and a specialist adviser.

Summary of findings

Our key findings were:

- There were effective processes in place to reduce and minimise the risk and spread of infection.
- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients were involved in their care and treatment planning.
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Patients told us that staff were caring and treated them with dignity and respect.

- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.
- Governance arrangements were in place and there was a clear vision for the smooth running of the practice.

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

Review recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and vulnerable adults from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice. The practice assessed risks to patients and managed these well. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice had a system in place to document, investigate and learn from it. The practice followed procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining two references. However, improvements could be made in the process of recording references.

Are services effective?

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

The practice followed guidance, such as that issued by National Institute for Health and Care Excellence (NICE) for example, in regards to prescribing antibiotics and dental recall intervals. Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's medical and oral health. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice.

Staff were supported by the practice in maintaining their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

The feedback we received from patients was very positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely, and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients had good access to routine and emergency appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. There was a complaints policy clearly publicised in the reception area. We saw that the practice responded to complaints in line with the complaints policy. Patients were given the opportunity to give feedback through surveys of patients. There were arrangements to meet the needs of people whose first language was not English.

Are services well-led?

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

Summary of findings

There was a clear vision for the practice that was shared with the staff. There were good governance arrangements and an effective management structure. There were regular meetings where staff were given the opportunity to give their views of the service. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. Patients were given the opportunity to provide feedback about the practice.

JKS Dental Care

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection on 19 October 2015. The inspection was led by a CQC inspector. They were accompanied by a specialist advisor.

The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

We informed the local NHS England local area team; however we did not receive any information of concern from them.

We received 38 CQC comment cards completed by patients and spoke with three patients on the day of the inspection.

We also spoke with three members of staff including the principal dentist and two dental nurses. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. Staff told us this would mainly be through discussion at team meetings. Staff were able to describe the type of incidents that would be recorded and the incident logging process. There had been no incidents over the past 12 months but staff were able to explain how incidents were logged and how they have learnt from previous incidents.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months. Staff understood the importance of the duty of candour and the need to inform the appropriate bodies and patients effected of any relevant incidents.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had a safeguarding policy. The policy included details of how to spot signs of abuse and included contact information for the local authority's safeguarding teams. The policy had last been reviewed in April 2015 and was scheduled to be reviewed again in April 2016. Staff had completed safeguarding training that was refreshed on a regular basis. They were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. There had been no safeguarding incident that needed to be referred to the local safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having infection control protocols, procedures for using equipment safely, health and safety procedures, protocols for the safe use of radiation equipment and risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example a general health and safety risk assessment carried out in January 2015. The assessment detailed how the practice dealt with

hazardous material, use of autoclave and equipment, radiation, safe use of sharps. The assessment noted the weekly checks on autoclave and the need for staff to follow manufacturers' guidance.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. During the course of our inspection we checked dental care records to confirm the findings. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated regularly. The dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient. For example, they contained details of medication patients were taking.

The provider did not use a rubber dam for root canal treatments. [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.] The principal dentist said they used cotton wool and high suction instead.

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment. The kit contained the recommended medicines. We checked the medicines that were in the kit and we found that all the medicines were within their expiry date. The emergency equipment included medical oxygen. However we found the staff did not have access to an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. There had been no risk assessment completed to assess the risks of not having this equipment. [An AED is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electric shock, known as defibrillation, which helps the heart re-establish an effective rhythm].

Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, obtain two references,

Are services safe?

including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had satisfactorily carried out the necessary required checks for staff who worked in the practice. However, we found that the practice did not always maintain accurate, complete and detailed records relating to references obtained for staff from their previous employer or educational establishment. For example we found no references for one of the two dental nurses who worked at the practice. One had been employed by the practice for over twelve years and had been recruited directly after finishing dental training.. The other nurse had been employed six months ago . The principal dentist said they had taken verbal references for the staff member who had joined recently but had not recorded it. They told us they would obtain written references for this member of staff and for any new member joining the practice in the future.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was regularly updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for fire, pregnant women, radiation, health and safety, use of sharps and environmental building issues. The assessments included the controls and actions to manage risks. For example an April 2015 cleaning risk assessment had noted that cleaning had not been undertaken appropriately in the staff room kitchen sink . We saw that the practice had addressed this issue.

The practice had a business continuity plan to deal with emergencies that could disrupt the safe and smooth running of the service. The plan covered what to do in the event of issues such as loss of electricity supplies and the computer system breaking down. For example the plan detailed the impact of the loss of dental records and had backup plans for what to do if the records were lost. The plan had been reviewed in Sep 2014 and was scheduled to be reviewed again in Sep 2016.

Infection control

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included details of procedures for hand hygiene, clinical waste management and personal

protective equipment. In addition to this there was a copy of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, which is a guidance document from the Department of Health, for staff to refer to. The principal dentist was the infection control lead.

There was a separate room for the decontamination of instruments. There was a flow from dirty to clean areas to minimise the risks of cross contamination. Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery, cleaning instruments suitably and using 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.

We saw that daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection.

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately in a lockable bin, away from the public. The bins were collected weekly by a clinical waste contractor.

The surgery was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE. Hand washing solution was available.

A legionella risk assessment had been completed in September 2015 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The practice used distilled water in all dental lines. The water lines were flushed daily and weekly and alpron tablets were used once a week to purify the water.

There was a cleaning plan, schedule and checklist, which was regularly checked by the practice staff. Cleaning equipment and materials were stored appropriately in line with Control of Substances Hazardous to Health 2002 (COSHH) regulations.

Equipment and medicines

Are services safe?

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety. All the equipment at the practice had annual maintenance checks.

The practice had clear guidance regarding the prescribing, recording and stock control of the medicines used in the practice. Prescription pads were stored securely and logged appropriately. The systems we reviewed were complete and provided an account of medicines prescribed. The only medicines stored at the practice were those found in the medical emergency box.

Radiography (X-rays)

The principal dentist was the Radiation Protection Supervisor (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. Evidence was seen of radiation training for staff undertaking X-rays. X-rays were graded and audited as they were taken. A comprehensive radiograph audit had been carried out in 2014. We saw that the practice had notified the Health and Safety Executive (HSE) that they were carrying out radiation work.

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 legislation. This included following the National Institute for Health and Care Excellence (NICE) guidance, for example in regards to wisdom tooth extraction and dental recalls. The practice also showed awareness of the Delivering Better Oral Health Tool-kit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

During the course of our inspection we checked 10 dental care records to confirm the findings. We saw evidence of comprehensive detailed assessments that were individualised. This included having an up to date medical history, details of the reason for visit, medical alerts, and a full clinical assessment with an extra- and intra-oral examination. 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. Information about the costs of treatment and treatment options available were also given to patients.

Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking and alcohol intake. Appropriate advice was provided by staff to patients based on their medical histories. For example we saw that patients were given smoking cessation advice when this was appropriate. We saw they provided preventive care advice on tooth brushing and oral health instructions as well as fluoride application, alcohol use, and dietary advice.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. This was to ensure that patients received

high quality care as a result. The practice used a variety of ways to ensure development and learning was undertaken including both face to face and e-learning. Examples of staff training included core issues such as safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice. We saw that the practice maintained records that detailed training undertaken and highlighted training that staff needed to undertake. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, suitable referrals were made for endodontic and periodontal treatment. Dental care records we looked at contained details of the referrals made and the outcome from the referrals that were made.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment. This was confirmed when we checked dental care records and noted signed consent forms for treatment and details of treatment options patients had been given.

The practice manager had received training on the Mental Capacity Act (MCA) 2005 and had provided in house training to staff. The MCA provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We reviewed 38 CQC comment cards and spoke with three patients. All the feedback we received was positive. Staff were described as friendly, polite and caring. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of fees. We spoke with the principal dentist and dental nurses on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. Staff told us that treatments, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice. The dentist told us they would explain the planned procedures to patients using visual aids when necessary. Patients were then able to decide which treatment option they wanted.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients, and that patients could generally book an appointment in good time to see a dentist. The comment cards we read confirmed that patients felt they could get appointments when they needed them.

There were vacant appointment slots to accommodate urgent or emergency appointments. Patients with dental emergency were asked to attend the practice at these allotted times which were available both in the morning and afternoon. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice staff spoke a number of different languages and were able to speak to communicate with some of the patients whose first language was not English. They also had access to a

telephone translation service for languages not spoken by the staff. The building was not accessible to patients with mobility problems as the practice could only be accessed via a flight of stairs.

Access to the service

The practice opening times were also displayed at the front of the practice. The practice was open 9.00 am -5.30pm Monday to Friday . There were clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were on the telephone answering machine.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain was available in the reception area. The policy had last been reviewed in 2015 and was scheduled to be reviewed in January 2016. There had been no complaints logged in the last year. The policy included contact details for the external organisations that patients could contact if they were not happy with the practice's response to a complaint.

Are services well-led?

Our findings

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, complaints and infection control. There was a clear management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility. Comprehensive risk assessments had been undertaken to cover various aspects of the service delivery.

Staff told us practice meetings were held bi-monthly to discuss issues in the practice and update on things affecting the practice. We saw that these meetings were used as an opportunity to update staff about the ongoing business of the practice.

Dental care records we reviewed were stored as hard copies and electronically. Hard copy records were stored in a locked cabinet and electronic records were password protected.

The practice manager undertook quality audits at the practice. This included audits on health and safety, dental care records, infection control and radiography.

Leadership, openness and transparency

Staff we spoke with said they felt the owners of the practice were open and created an atmosphere where all staff felt included. Staff told us they were comfortable about raising concerns with the principal dentist. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

The practice was also keen to ensure that all of their staff provided highly-skilled care. There was a system of periodic staff appraisals and supervision to support staff.

Learning and improvement

Staff told us they had good access to training. The practice manager monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as on dental care records and X-rays, and audits of complaints and infection control. We looked at a sample of these and found audits were being undertaken regularly. For example an October 2015 audit of cleaning had showed there were no issues in this area.

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

The practice had gathered feedback from patients through NHS Choices and their own patient feedback surveys. The practice was undertaking the Friends and Family test at the time of the inspection and the vast majority of patients said they would recommend the practice. The practice had also responded to patients' feedback. For example, we saw that the practice had made changes to their heating system following feedback from patients. Patients had told the practice that the waiting area could be cold and additional heating had been installed in response to this.