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Surrey Docks Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 3 September 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

Surrey Docks Dental Practice is located in the London Borough of Southwark and provides a mix of NHS dental services and services to private patients. The demographics of the practice were mixed, serving

patients from a range of social and ethnic backgrounds. The practice is open Monday to Saturday with a range of opening times including evening appointments. The practice facilities include three consultation rooms, reception and waiting area, decontamination room, staff room and administration office. The premises are wheelchair accessible and have facilities for wheelchair users, including an accessible toilet.

We did not receive any completed Care Quality Commission comment cards; however we spoke with three patients during the inspection. They were positive about the service and gave good feedback. They told us that staff were friendly and polite and always treated them with respect. Information was given to them and if they did not understand anything staff always explained things well.

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.
- 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.

Summary of findings

- 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.

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

Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

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 people 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 staff were aware of their responsibilities. Systems were in place for the provider to receive safety alerts from external organisations. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. The practice undertook risk assessments and there were processes to ensure equipment and materials were well maintained and safe to use. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency

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.

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. Most staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005; however some did not have a full understanding of the requirements of the Act.

Are services caring?

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

Feedback from patients indicated that staff were friendly, professional, caring and treated patients with dignity. We received feedback from three patients who we spoke with on the day of the inspection. Patients were complimentary about staff, describing them as friendly and caring. Patients told us they were involved with their treatment planning and able to make informed decisions and that staff acted in a professional manner and were helpful. They commented that the practice was clean and tidy and they did not have problems accessing the service.

Are services responsive to people's needs?

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

Patients had access to the service which included information available via the practice website. There was a practice leaflet with relevant information for patients. 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 was 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.

Summary of findings

Are services well-led?

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

Governance arrangements were in place for effective management of the practice. Staff meetings were held frequently and minutes taken of the meetings. Opportunities existed for staff for their professional development. Audits were being used to improve the practice and staff we spoke with were well-trained, confident in their work and felt well-supported.

Surrey Docks Dental Practice

Detailed findings

Background to this inspection

The inspection took place on the 3 September 2015 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website.

The methods used to carry out this inspection included speaking with one of the dentists, a dental nurse, reception staff, practice manager and patients on the day of the inspection, reviewing documents 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 an incidents and accident reporting procedure. All incidents and accidents were reported in the incident and accident books. There had been one accident in the past 12 months. We reviewed the accident and saw that the practice manager had taken the appropriate action 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 RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) incidents, within the past 12 months. The practice manager demonstrated a good understanding of RIDDOR regulations and had the appropriate paperwork in place to record if they had an incident.

The practice was not receiving safety alerts; however following the inspection they contacted us to confirm that they had now put processes in place and were receiving them from the Medicines and Healthcare products Regulatory Agency.

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. Dentists had completed child protection training up to the appropriate level as had the nurses and administration staff. All staff had also completed adult safeguarding training. All staff were required to update themselves with policies relating to safety such as the safeguarding policy, whistleblowing policy and health and safety policy as part of their induction to ensure they were aware of how to respond to incidents. All staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

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

New 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

The provider had appropriate arrangements to deal with medical emergencies. There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Staff also had access to emergency equipment on the premises including medical oxygen and an automated external defibrillator (AED) in line with Resuscitation Council Guidance UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable 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 weekly checks that were carried out to the equipment and drugs to ensure they were not past their expiry dates and in working order in the event of needing to use them.

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 three dentists, four dental nurses, a receptionist and the practice manager. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

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. Prospective employees also had a disclosure and barring services check completed and had to provide immunisation proof. We reviewed staff files and saw that references had not been obtained for one member of staff recently employed. We discussed this with the practice manager and they assured us that references would be obtained and their policy adhered to for all future persons employed by the service.

Are services safe?

Monitoring health & safety and responding to risks

The practice had a health and safety policy and was carrying out risk assessments to ensure they were prepared to respond to safety issues. This included carrying out a generic practice risk assessment in March 2015, lone working risk assessment in January 2015 and an ultrasonic risk assessment in June 2015. We saw that risks and hazards were highlighted and were risk scored. Where actions were required they were noted on the risk assessment. For example the practice had identified that they needed to check the telephone system regularly and staff medical conditions as part of their lone working risk assessment.

There was a business continuity plan that outlined the intended purpose to help them overcome unexpected incidents and the 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 plan had been updated in April 2015 and was due for review in October 2015.

A self-assessment fire risk assessment had been completed on the 14 April 2015. Areas highlighted as requiring improvement included additional training and fire drills. The self-assessment highlighted that an external risk assessment needed to be carried out and this had been planned for October 2015. The fire alarm was tested every Thursday and 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. One of the dental nurses was the infection control lead.

There was a designated decontamination room which had a flow from dirty to clean to minimise the risks of cross contamination, however it was not clearly labelled. We discussed this with the practice manager and they confirmed that the flow would be made visibly clear. 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

carrying used instruments in a lidded box from the surgery; manually cleaning; placing in an ultrasonic bath; 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 was clear.

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. We also saw records of the tests carried out on the ultrasonic bath including the quarterly ultrasonic activity test, weekly soil and protein residue test.

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 was stored appropriately and collected every two weeks. We saw consignment notes confirming collection for January to August 2015.

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

The dental nurses cleaned all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/evenings. The practice had a cleaning schedule that outlined all the areas to be covered by the cleaners. The practice was cleaned once a day Monday to Friday. The schedule outlined the areas to be cleaned daily, weekly, monthly and quarterly.

A Legionella risk assessment had been carried out in June 2015 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Water temperature checks were completed every week to water lines in the surgeries, toilets, decontamination room and kitchen. 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 February 2015. No issues had been identified.

Equipment and medicines

Are services safe?

There were appropriate arrangements in place to ensure equipment was maintained. There were service contracts in place for the maintenance of equipment such as the autoclave and ultrasonic bath. The pressure vessel had been inspected in August 2015 and certified as passed. We saw documents confirming that appropriate servicing was taking place annually. The autoclave was serviced in May 2015. The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in March 2014.

Staff told us that the ultrasonic bath had been serviced within the last 12 months however paperwork was not available on the day of the inspection to confirm this.

Medication was stored appropriately in a secure location.

Radiography (X-rays)

The practice had a 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). All of the dentists had completed recent radiation training. Refresher training was booked for September 2015 for all other clinical staff.

Dentists were carrying out individual audits on an on-going basis; six monthly audits were being completed on all dentists' X-rays. We saw the records of the audit completed in August 2015.

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) and the British National Formulary (BNF) guidance.

During the course of our inspection we checked a sample of dental care records for each dentist 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

Staff told us that information and advice relating to health promotion and prevention was given to patients during consultations. This included going through teeth brushing techniques and dietary and smoking matters. Nurses were proactive in promoting good oral health and also visited local schools to give oral health promotion advice. Printed information was available for patients in the waiting area. This included a range of leaflets relating to smoking cessation and oral health care.

Staffing

Opportunities existed for staff to pursue development opportunities. All staff had a training needs assessment that consisted of mandatory and self-identified training.

All the clinical staff had current registration with their professional body, the General Dental Council and were all also up to date with their continuing professional development requirements. [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 reviewed staff files and saw that staff had completed the appropriate training and had relevant qualifications to enable them to provide treatment and care to patients. Where training was outstanding we saw that it had been planned for the coming months.

Working with other services

The provider had arrangements in place for working with other health professionals to ensure quality of care for their patients. A template was in place for referring patients to local hospitals. This ensured that all clinicians were consistent with the information they provided when making a referral. Staff told us patients were given a copy of their referral letter so they could follow-up if they wanted to. Copies of the referral letter, replies from the hospital were scanned onto the patient's record to ensure all information was kept together.

Consent to care and treatment

Staff confirmed that consent was given verbally in most instances and this was recorded in the patient's record. We checked dental care records and saw that consent was documented.

Most staff whom we spoke with demonstrated some understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence but had not received any training in this area. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them].

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with three patients on the day of the inspection. Generally feedback was very positive. Staff were described as helpful, caring and as providing an excellent service. Patients said staff ensured they maintained their privacy and dignity during consultations by closing doors and asking if they were comfortable. During our inspection we observed that the door was always closed and conversations could not be overheard in the surgery.

We observed staff interaction with patients in the waiting room and saw that staff interacted with patients in a respectful and friendly manner. Patients' information was held securely electronically. 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 staff tried to ensure that they understood the treatment being offered. Patients told us that treatment options were discussed with the benefits and consequences pointed out. They also told us that they were given time to think about their options including being given a copy of their treatment plan.

Staff we spoke with told us they always explained the diagnoses to patients and never carried out treatment if a patient was unsure. We were given examples of how patients were involved in decisions about their care and treatment and the examples were in line with what would be expected. The dental care records we checked also demonstrated that people were involved in planning because it was documented in their clinical notes. For example we saw that the consequences and benefits of treatment were explained and the options available to them for treatment were also outlined.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an appropriate appointments system. The practice is open Monday to Saturdays, with evening appointments available Monday and Wednesdays. In the event of a patient needing an appointment outside of these times, patients were directed to call the out of hours '111' service (via information on their website and a poster on the practice door).

Emergency appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had an emergency they were asked to come in, and would be seen as soon as possible.

Tackling inequity and promoting equality

The patient population was diverse with patients from a range of social, ethnic and economic backgrounds. The practice manager told us that they had patients who were hearing impaired and mute. They planned services for these patients by ensuring staff always communicated with these patients in written formats, (i.e. ensured they understood things and wrote it down to confirm).

The staff team was multi lingual with staff speaking a range of languages including Spanish, Russian and Pakistani. Staff told us that there were patients who spoke these languages and staff were able to communicate with them.

The practice was step free and set out on one level. There was a wheelchair enabled toilet for patients to use and all relevant areas of the practice were accessible by wheelchair. To ensure they maintained access for patients they carried out a disability audit periodically to ensure

they were still meeting patients' needs. We saw the most recent audit carried out in November 2014. The only action identified was around improving parking facilities for patients with disability. Arrangements had been put in place to minimise the issue.

Access to the service

There was a practice website with information about the practice, treatments on offer, payment options, opening times and contact details. There was also a practice leaflet with the same information.

Appointments were booked by calling the practice, booking online or in person by attending the practice. Patients we spoke with confirmed that they did not have any problems with contacting the practice and booking appointments. All the patients we spoke with were aware of how to access emergency treatment in the event of need.

Staff and patients told us that appointments generally ran to time. Staff said if the dentist was running behind time they always let patients know.

Concerns & complaints

The provider had a complaints policy and procedure in place. The policy included receiving, handling and resolving complaints. Details about how to make a complaint and complaints handling were also in the patient practice leaflet. At the time of our visit there had been one complaint in the past 12 months. The practice manager went through the complaint with us and their explanations were very thorough and in line with their policy.

Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies to ensure the smooth running of the service. This included recruitment policies, health and safety policy, infection control policy and complaints policy. As part of staff induction they were required to familiarise themselves with the organisations policies and adhere to them. We reviewed staff induction checklists and saw that all staff working in the service had signed to confirm they had read the policies. We saw that there was a system in place for policies to be reviewed periodically.

The practice had a programme of audits in place. We saw that the programme outlined the audits that were conducted. Audits undertaken included a record keeping audit completed in July 2015, a treatment audits completed in March 2015 and failure to attend audit completed in December 2014. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. For example the record keeping audit identified that staff need to be more accurate when completing contact details and ensuring they provided patients with a copy of their treatment plan.

Leadership, openness and transparency

The practice goals and aims were outlined for patients on their website. Their goals were to achieve optimal oral health and be innovative in doing so. Staff we spoke with were aware of the goals and the practice manager told us they promoted the goals to all staff and patients.

We discussed the duty of candour requirement in place on providers and whilst they did not have any incidents or accidents to use as actual illustrations the practice manager 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. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Management lead through learning and improvement

The practice held team meetings approximately every six months and informal meetings in-between. We saw the minutes for meetings held in January and June 2015 and December 2014. We saw that issues relating to the practice were discussed such as changes to opening times, new staff joining and changes to their policy. The practice manager told us that minutes were always shared with staff. Minutes from the previous meeting were discussed and agreed and matters arising addressed.

Staff were well supported and received regular annual appraisals. We reviewed staff appraisals completed in 2014 and 2015 and saw that development needs were identified and successes celebrated.

A training needs assessment had been completed in July 2014 and we saw that training needs identified had been delivered or were planned.

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

The practice carried out patient satisfaction surveys on an on-going basis. Results were analysed every six months. We reviewed the results of the completed feedback received over the last week. Seven in total had been completed and feedback was very positive. Patients generally felt staff were helpful and said they did not have to wait long for their appointment. The practice manager gave us examples of areas of the practice that had been improved as a result of patient feedback. This included extending opening hours in January 2015. They were also in the process of trying to re-arrange parking arrangements for disabled patients.

Staff we spoke with confirmed their views were sought about practice developments through the staff meetings. For example, the January 2015 notes confirmed that they discussed the practice opening times and possibility of extending hours, at the meeting. They also said that the practice manager was approachable and they could go to them if they had suggestions for improvement to the service.