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Gentle Dental Care - Wickham Road

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 May 2016 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

Gentle Dental Care – Wickham Road is a dental surgery located in Croydon and provides a mixture of NHS and private dental services. The demographics of the local area were mixed and the practice served patients from a range of social, economic and ethnic backgrounds.

The practice staffing consists of five dentists, three dental nurses, three receptionists, two hygienists and a practice manager.

The practice is open from 9.00am to 6.00pm Monday to Fridays and Saturday by appointment. The practice is set out over one floor with five surgeries (only three were being used at the time of the inspection). There is step free access to the building and other facilities include three consultations rooms/ offices, two patient waiting areas, staff kitchen, two decontamination rooms and a reception area.

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

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

Summary of findings

We received feedback from 39 patients which included completed Care Quality Commission comment cards and speaking with patients during our inspection. Patient feedback was very positive about the service. They were also complimentary about the staff stating they were polite and courteous and provided excellent customer services. They told us that the premises were always clean and tidy when they attended. People referred to being treated with dignity and respect and receiving a high level of care and treatment.

Our key findings were:

- Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff.
- Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff.
- There were systems in place to reduce the risk and spread of infection. Dental instruments were decontaminated suitably.
- 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 was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Staff had access to an automated external defibrillator (AED) and medical oxygen.
- There were processes in place to safeguard patients from abuse.
- All clinical staff were up to date with their continuing professional development.
- The practice was carrying out risk assessments regularly.
- Governance arrangements were in place, including audits being completed which evidenced continuous learning.

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.

Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff informally and in staff meetings. Pre-employment checks were carried out appropriately.

Dental instruments were decontaminated suitably. Medicines were available in the event of an emergency. Regular checks were undertaken to monitor expiry of medicines. There was medical oxygen and staff had access to an automated external defibrillator (AED) in the event of a medical emergency.

Processes were in place to ensure all equipment was serviced regularly. The practice was carrying out regular risk assessments.

Are services effective?

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Referrals were made appropriately. Staff were up to date with their CPD requirements and had access to relevant training.

The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion and maintaining good oral health.

Are services caring?

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

We received feedback from 39 patients. Feedback from patients was positive. Patients stated that they were involved with their treatment planning and were able to make informed decisions. We saw examples of equipment used to make the patient experience more comfortable and considerate of patients' needs. Patients referred to staff as being caring, empathetic, and professional and treating them with dignity and respect. They felt involved in their treatment and gave examples of where staff had ensured they understood treatment.

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 the service which included information available via the practice leaflet. Emergency appointments were reserved daily during opening hours to accommodate patients in need of an urgent appointment. In the event of a dental emergency outside of opening hours patients were directed to the '111' out of hours' service. The building was wheelchair accessible and had facilities for patients with mobility issues. Information was available in accessible formats.

There were systems in place for patients to make a complaint about the service if required. A notice was displayed in the reception area and information also on their website.

Summary of findings

Are services well-led?

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

Staff meetings were held monthly and information was shared and opportunities existed for staff to develop. Audits were being conducted and demonstrated they were being used as a tool for continuous improvements. Staff told us they were confident in their work and felt well-supported.

Governance arrangements were in place for effective management of the practice. Comprehensive risk assessments and servicing of equipment was being carried out appropriately.

Gentle Dental Care - Wickham Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 18 May 2016 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 the dentists, dental nurses, the practice

manager, reception staff and patients on the day of the inspection, reviewing documents, completed patient feedback forms and observations. We received feedback from 39 patients.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with were aware of reporting procedures including who and how to report an incident to. There had not been any incidents or accidents in the practice in the last 12 months. We spoke with the staff about the handling of incidents and the Duty of Candour. The explanation was in line with the duty of candour expectations. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

There were systems in place to receive safety alerts by email. Alerts were received by one of the dentist and the practice manager and shared with staff working in the practice via a central folder. We reviewed the folder and saw drug safety updates from Medicines and Healthcare products Regulatory Agency (MHRA) circulated in January 2016 and February 2016. Staff told us only relevant alerts were shared with staff.

Staff we spoke with demonstrated an understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) and had the appropriate documentation in place to record if they had an incident. There had not been any RIDDOR incidents, within the past 12 months.

Reliable safety systems and processes (including safeguarding)

One of the dentists was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. The relevant safeguarding escalation flowcharts and diagrams for recording incidents were displayed on the wall in the staff room as well as the local safeguarding teams contact details in the staff area.

We reviewed staff training records and saw that all staff had received safeguarding adults and child protection training to the correct level. Staff we spoke with demonstrated sufficient knowledge of safeguarding issues.

The dentists in the practice were following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin,

rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured].

Medical histories were reviewed at each subsequent visit and updated if required. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice and these were stored securely. The emergency drugs were checked weekly and we saw the records to confirm this. Staff had access to suitable emergency equipment on the premises. There was an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. Medical oxygen cylinder was also available.

All clinical staff had completed recent basic life support training which was repeated annually. All staff were aware of where medical equipment was stored.

Staff recruitment

There was a full complement of the staffing team. The team consists of five dentists, three dental nurses, two dental hygienists and three receptionists.

The provider had an appropriate policy in place for the selection and employment of staff. Applicants were required to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations (where applicable). We reviewed ten staff files and saw that appropriate checks had been carried out at their time of employment this included references, copies of interview records and evidence of past history. All staff had a Disclosure and Barring Services check on file. DBS checks were renewed at regular intervals. (The DBS checks

Are services safe?

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

Monitoring health & safety and responding to risks

The practice had a set of health and safety policy and appropriate business continuity plan in place to deal with foreseeable emergencies.

The practice had a range of risk assessments to monitor health and safety in the practice. This included risk assessments for sharps management, stress management for staff and blood and bodily fluid spillage. A general risk assessment of the premises had been carried out on 15 April 2015. There was an up to date COSHH (Control of Substances Hazardous to Health) risk assessment along with a completed COSHH file.

There was a fire safety policy that covered maintenance of fire extinguishers, smoke alarms, electrical testing and fire drills. The servicing of fire equipment had taken place on 26 October 2015. The fire alarm was tested monthly and fire drills conducted every six months. An evacuation plan was in place and fire equipment was serviced annually.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. The principal dentist was the infection control lead. Decontamination policies and procedures were displayed in the decontamination rooms. As were inoculation protocols.

There were two separate decontamination rooms. One room was a dirty zone and the other was a clean zone. There was a window in-between both rooms to facilitate the flow between dirty to clean. There were three sinks in the "dirty" zone decontamination room; one for hand washing and two were used for cleaning and rinsing dental instruments. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included manually cleaning; inspecting under an illuminated magnifying glass to visually check for any

remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

There were two autoclaves. The logs from the autoclaves provided evidence of the daily, weekly and monthly checks and tests that were carried out on the autoclave to ensure it was working effectively. The autoclaves were drained every night.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in each surgery and the external clinical waste bin was stored appropriately until collection by an external company, every week.

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

The surgeries were visibly clean and tidy. We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. Staff also undertook the domestic cleaning at the practice. We observed all areas of the practice to be clean and tidy on the day of our inspection.

The practice had an external Legionella risk assessment carried out on the 23 March 2015. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Taps were flushed daily in line with recommendations and water temperatures were monitored.

The practice carried out infection control audits every six months. We reviewed the last two audits conducted in November 2015 and May 2016. No additional activity was required to be undertaken from the most recent audit.

Equipment and medicines

Are services safe?

There were appropriate arrangements in place to ensure the maintenance of some equipment. Service contracts were in place for the maintenance of equipment. The autoclaves were serviced in September 2015. The pressure vessel certificate was in date.

The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in May 2016.

Radiography (X-rays)

The practice had a radiation protection file. One of the principal dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

The radiation protection file was well maintained. All relevant staff were up to date with radiography training. We saw evidence of annual maintenance. The equipment was last serviced in June 2015

The practice was carrying out annual auditing of X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists used current guidelines such as those from the National Institute for Health and Care Excellence (NICE) to assess each patient's risks.

We spoke with the provider and noted the team was experienced and patient focussed. They gave us example of how patients' needs were established and comprehensive assessments carried out. To reiterate their commitment to comprehensive assessments the provider told us that they had separate consultation rooms where the clinical staff discussed with patients treatments, outcomes and options. They explained that the non-clinical atmosphere helped the patient to remain calm and focussed.

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. Where X-rays were taken justification and grading was recorded.

Health promotion & prevention

We saw evidence that clinicians in the practice were proactive with giving patients health promotion and prevention advice. The practice had a range of tools to promote good oral health. This included holding a "Kids day" where they had activities such as face painting, games and a "goodie bag" for attendees which included oral hygiene products. The aim of these days was to make children comfortable about visiting the dentist and promoting oral health.

Dentists told us that they gave health promotion and prevention advice to patients during consultations. There were televisions in each surgery with DVDs for oral health

information; models and diagrams were also used. Clinical staff gave us explanations of the advice they gave to patients. This ranged from teeth brushing techniques and dietary advice.

Staffing

All clinical staff had current registration with their professional body, the General Dental Council. We saw example of staff working towards their continuing professional development requirements, working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. We saw some examples of opportunities that existed for staff for further training and courses that were outside the core and mandatory requirements.

Working with other services

The practice had processes in place for effective working with other services. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records. Referrals were made for procedures such as complex periodontal, orthodontic and endodontic treatment. Fast track referrals were seen within two weeks and details were faxed and followed up with a telephone call to ensure it was received.

Consent to care and treatment

Consent was usually obtained verbally and recorded in patients' dental care records. We reviewed patient dental care records and saw confirmation of this. Treatment plans were also completed appropriately.

Staff demonstrated sufficient knowledge of understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them]. Dental care records we checked demonstrated that consent was obtained and recorded appropriately.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 39 patients via Care Quality Commission comment cards and speaking with patients on the day. Patients gave examples of how they were treated with dignity and respect. This included staff addressing them politely and maintaining privacy during consultations by keeping doors closed.

The practice had a quiet room available for patients to talk with clinical and reception staff if they wanted to speak in private. The room was also used for patients to use, for example if they were nervous about treatment and did not want to sit in the traditional waiting room with other patients. It was also an area patients could sit in to recover if they had experienced intense treatment and needed time to recover. The provider told us that patients valued this area.

During our inspection we observed staff being respectful by ensuring that when patients were receiving treatment the door to the treatment rooms was closed and conversations could not be overheard in the surgery. We saw that reception staff made efforts to speak with lowered voices so conversations could not be overheard.

Involvement in decisions about care and treatment

The patient feedback we received confirmed that patients felt involved in their treatment planning and received enough information about their treatment. Patients commented that things were explained well, often with the use of models and aids, and they were provided with treatment options.

Information relating to costs was always given and explained including details about the different NHS band charges. The practice also displayed costs in the waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. The practice is open from 9.00am to 6.00pm on Monday to Friday and by appointment on Saturdays.

The practice reserved slots every day to accommodate emergency and non-routine appointments during opening times. If a patient had a dental emergency they were asked to attend the surgery, and would be seen as soon as possible.

The practice had installed televisions in the ceilings in the surgeries for nervous patients to help distract them while they were in the dental chair receiving treatment to make them feel more at ease. A choice of channels was available for patients to choose.

The practice had also recently started offering appointments on Saturdays in response to patients stating they would like weekend opening.

Where required information could be produced in other formats such as large print for patients who required it.

Tackling inequity and promoting equality

The local population was diverse with a mix of patients from various cultures and background. The staff team was diverse as well and staff spoke different languages which included Hindi, Punjabi and Spanish. Staff also had access to NHS translation services if patients spoke another language that staff could not speak.

The practice was set out over one level and the entrance was step free. The building was wheelchair accessible as were the patient toilets. Staff told us they tried to ensure patients' needs were accommodated and if patients raised any concerns they always did their best to manage those issues.

Access to the service

The practice opening times were advertised in the practice leaflet and on the practice door.

Appointments were booked by calling the practice or in person by attending the practice.

If a patient needed to see a dentist outside of normal opening times they were directed to contact the "111" out of hours services. They were informed of the service via the recorded message on the practice answer machine and details on their website.

Concerns & complaints

At the time of our visit there had not been two complaints made in the past 12 months. We reviewed the complaints and saw they were handled in line with the organisations policy. Details of the complaint were recorded, responded to and actions put in place. We saw that where appropriate an apology was also given.

There was a poster in the reception area advising patients on how they could make a complaint.

Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies and procedures for the smooth running of the service which were available electronically. This included policies covering health and safety, recruitment and staff development.

Staff told us that audits completed over the past 12 months included audits on infection control, record keeping, X-rays and antibiotic prescribing. We reviewed the antibiotic prescribing audit and saw that the aim of the audit was clearly outlined along with learning outcomes. For example, the audit aim was to look at how dentists develop and follow consistent rationales for prescribing antibiotics, help to reduce prescribing and develop the antibiotic protocol. The audit involved looking at records of 20 patients who had recently been prescribed antibiotics. They found that antibiotics were generally prescribed in line with guidance. Action points were developed from the audit which included developing a clearer protocol for prescribing for all dentists to follow.

Leadership, openness and transparency

Staff in the practice were clear about the lines of responsibilities and were confident in approaching the dentists to discuss issues if they needed to. There were staff with lead role such as complaints, infection control and radiation protection. Leadership was also clear with the provider having a clear presence. The provider was very enthusiastic about staff accessing learning and development opportunities and gave examples of how they encouraged them to take on developments. Staff we spoke with confirmed this.

We discussed the duty of candour requirement in place on providers with staff and they demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients and staff. The explanations were in line with the expectations under the duty of candour.

Learning and improvement

The practice manager told us that certain training such as life support/ CPR was conducted as a practice wide team event annually. We saw examples from staff CPD files that they had access to a wide range of learning and development opportunities.

The practice held team meetings on a monthly basis. Minutes were maintained of the meetings. We reviewed the meeting minutes for February to May 2016. Topics covered included practice protocols, infection control, complaints and training. Separate reception team meetings were held and were used as training sessions for staff. For example to cover and refresh knowledge of safeguarding and governance issues.

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

The practice participated in the NHS Friends and Family Test (FFT). Results from the FFT were collected monthly and analysed to pick up any patient feedback.

The practice also carried out patient surveys. Results from patients' surveys were very positive. We saw examples of when patients had made suggestions for improving their experiences in the practice. For example, feedback received in April 2016 indicated that patients did not like the music selection. As a result the practice implemented a system where patients could have access to a wider selection of music genres. Another example included a comment about not being able to get appointments on a weekend. As a result the practice had started offering appointment on Saturdays.

The practice carried out staff satisfaction audits. The last audit was completed on 8 May 2016. The audit considered how happy the staff team were with their work environment, if they felt valued and any challenges they had. Overall results were very good with a 99.5% satisfaction rate. Feedback from staff included wanting more responsibility when applicable. The practice had highlighted this as an area they would attempt to make improvements.