

## Park Lane Dental

# Park Lane Dental

## Inspection Report

98 Park Lane  
Croydon  
Surrey  
CR0 1JB  
Tel: 0208688 8877  
Website: [www.parklanedental.co.uk](http://www.parklanedental.co.uk)

Date of inspection visit: 15 June 2016  
Date of publication: 11/07/2016

### Overall summary

We carried out an announced comprehensive inspection on 15 June 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**

Park Lane Dental 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 seven dentists (including five associates), four dental nurses, three receptionists, two hygienists and reception and administration staff.

The practice is open from 9.00am to 5.30pm Monday to Fridays. The practice is set out over two floors with four surgeries. There is step free access to the building. There is no lift to the first floor however patients with mobility issues are accommodated in one of the ground floor surgeries. There is a wheelchair accessible toilet. Other facilities include staff rooms/ kitchen, X-ray room, stock room, decontamination room and reception area.

One of the partners is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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 18 patients. Patient feedback was very positive about the service. They were also complimentary about the staff stating they were polite and courteous and provided a customer focussed service. Patients stated that the premises were always clean and tidy when they attended.

## **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 although not all staff had received recent training.
- There were policies and procedures in place to staff to follow relating to safeguarding patients from abuse.
- All clinical staff were up to date with their continuing professional development.
- The practice was carrying out risk assessments regularly.

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

- Review availability of staff training to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's safeguarding policy and staffs training ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and are aware of their responsibilities.
- Review the current Legionella risk assessment and implement the required actions taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review the training, learning and development needs of individual staff members and have an effective process established for the on-going assessment and supervision of all staff.
- Review the practice's recruitment policy and procedures to ensure character references for new staff as well as proof of identification are requested and recorded suitably.
- Review its current audit protocols to ensure audits of key aspects of service delivery are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant 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.

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 however the provider was not routinely completing disclosure and barring services checks for new clinical staff.

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 mandatory medical emergency medication available, in line with the resuscitation council guidance. The practice had a defibrillator.

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. Clinical staff were up to date with their CPD requirements and had access to relevant training. However, training and development opportunities for non-clinical staff were limited.

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 18 patients. Feedback from patients was positive. Patients stated that they were involved with their treatment planning and were able to make informed decisions. Patients referred to staff as being caring 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 slotted into the daily appointment schedule 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.

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, although not frequently. The audits we reviewed 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.

# Park Lane Dental

## 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 15 June 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, 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.

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. There had been one accident in the past 12 months.. We spoke with 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. Both principal dentists were signed up to receive alerts and were responsible for sharing them with staff. The principal dentists checked to make sure relevant alerts were actioned.

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 principal 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 clinical staff had received safeguarding adults and child protection training to the correct level. Non-clinical staff had not completed training for quite a few years. However all 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. Non-clinical staff had not completed medical emergencies training for a few years. We spoke with the principal dentists and they advised us that all staff would receive refresher training 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 eight dentists, three dental nurses, two dental hygienists and four receptionists and a practice manager.

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), immunisations status. We reviewed ten staff files and saw that appropriate checks had been carried out at their time of employment this

# Are services safe?

included two references, copies of interview records and evidence of past history. Most staff had a Disclosure and Barring Services check on file; in two cases we saw confirmation that they had been applied for. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

We 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 dated February 2011, in place to deal with foreseeable emergencies. One of the principal dentists told us how they would respond to an event that would impact on business continuity.

The practice carried out risk assessments to monitor health and safety in the practice. A general risk assessment of the premises was carried out annually, having last been completed on 10 January 2016. The principal dentists told us that the COSHH (Control of Substances Hazardous to Health) risk assessment was carried out annually. We were shown a copy of the most recent assessment carried out but it was not dated. Staff told us it was completed in January 2016.

There was a fire safety policy that covered maintenance of fire extinguishers, smoke alarms, electrical testing and fire drills (conducted every quarter). The servicing of fire equipment, including the alarms had taken place on 21 November 2015. The fire alarm was tested monthly and fire drills conducted every six months. Evacuation plans were displayed on the patient and staff noticeboards. There were appointed fire wardens and they had received training on 2 June 2016.

## **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 was a separate decontamination room. The room had clear "dirty" to "clean" zone. 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 was one autoclave. The logs from the autoclave 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 autoclave was drained every night in accordance with guidelines.

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.

The practice had an external Legionella risk assessment. [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. We saw that there were actions on the report which were outstanding for the practice to take. We discussed this with the principal dentists and they confirmed that they were overdue on some items but working towards completion.

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

# Are services safe?

## **Equipment and medicines**

There were appropriate arrangements in place to ensure the maintenance of some equipment. Service contracts were in place for the maintenance of equipment. The annual validation for the steriliser was dated 23 March 2016. The pressure vessel certificate was dated 14 March 2016.

The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in June 2016 and were due for re-testing in the coming weeks.

## **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 maintenance. The equipment was last serviced in April 2016.

The practice had completed an X-ray audit in April 2015. The principal dentists told us that the audits for this year were overdue but they were in the process of completing it.



# 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.

The dentists we spoke with gave us example of how patients' needs were established and comprehensive assessments carried out. 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. There were posters, leaflets and signs with health promotion information in the surgeries and the patients' waiting room.

Dentists told us that they gave health promotion and prevention advice to patients during consultations. 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 clinical staff for further training and courses that were outside the core and mandatory requirements. Training opportunities for non-clinical staff was more limited but the principal dentists assured us that they were reviewing training and development opportunities for them.

### 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.

### Consent to care and treatment

Consent was usually obtained verbally for most procedures and recorded in patients' dental care records. We reviewed patient dental care records and saw confirmation of this. Treatment plans were also completed appropriately. The practice had consent forms for more complex treatments such as root canal and extractions.

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].

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We received feedback from 18 patients via Care Quality Commission comment cards. Patients commented that staff treated them with dignity and respect. Patients said that staff showed them empathy and were professional at all times.

During our inspection we observed staff being respectful speaking to patients politely and ensuring that when patients were receiving treatment the door to the treatment rooms was closed and conversations could not be overheard in the surgery.

### **Involvement in decisions about care and treatment**

Staff gave examples of how they involved people in decisions about their care and treatment. This included completing treatment plans with information, outlining the benefits and consequences of suggested treatment and explaining treatments to patients.

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 responded to meeting patients' needs in various ways. They accommodated 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 a television in one of the surgeries so patients could be distracted or made to feel more at ease during treatment. A choice of channels was available for patients to choose.

### Tackling inequity and promoting equality

The local population was diverse with a mix of patients from various cultures and background. Staff also had access to translation services if patients spoke another language that staff could not speak. There were systems in place for a translator to be called to assist patient. Details of the translation service were held centrally.

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 was open from 9.00am to 5.45pm Monday to Fridays. Opening times were advertised in the practice leaflet in the reception area and on the practice website.

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 been one complaint made in the past 12 months. We reviewed the complaint and saw that it had been handled in line with the organisation's policy. Details of the complaint were recorded, responded to and actions put in place. The complaint was on-going and was currently being dealt with by NHS England.

There was a poster in the reception area advising patients on how they could make a complaint. Reception staff were aware of how patients could make a complaint and who the complaints lead was.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had a range of policies and procedures for the smooth running of the service. The policies covered health and safety, consent, patient safety and recruitment.

Audits were completed on an ad-hoc basis. The most recent audits completed were a record card audit completed in November 2015 and an infection control audit completed in April 2016. We discussed the lack of structure to audit taking and the principal dentists' acknowledged that they needed a more structured approach.

Dental care records were complete, legible and stored safely. Appropriate systems were in place for records to be backed up off site.

### **Leadership, openness and transparency**

There were staff with lead role such as infection control and radiation protection. Leadership was clear with the principles and were visible. Staff told us they were approachable and they were confident in their leadership.

There were systems in place to support communication about the quality of the service. For example there was a noticeboard which they displayed achievements and improvements on.

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**

Training such as basic life support and decontamination was arranged annually for all clinical staff.

The practice held team meetings on a monthly basis. Minutes were maintained of the meetings and distributed to staff. Topics covered included discussion of complaints, fire procedures, staffing issues and practice administration.

### **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 displayed the results in the patient waiting area for patient information.

There were processes in place for patients to provide feedback through compliments and a suggestions box. Staff were also encouraged to provide feedback during team meetings or they could approach the principals at any time.