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Abbey Dental South Harrow

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 29 June 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Abbey Dental South Harrow is located in Harrow, North West London. The practice provides NHS and private dental services and treats both adults and children. The practice offers a wide range of dental services including general, cosmetic, restorative and preventive dentistry.

The staff structure of the practice is comprised of four dentists, two hygienists, two dental nurses, a practice manager and a small team of receptionists.

The practice is open Monday to Friday from 9.00am to 5.30 pm and closes for lunch from 1.00 pm to 2.00 pm.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission (CQC) 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 dentist specialist advisor.

We received 45 CQC comment cards completed by patients and spoke with three patients during our inspection visit. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

Summary of findings

- Patients' needs were assessed and care was planned in line with national guidance, such as from the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP).
- Equipment, such as the air compressor, autoclave, washer disinfector, fire extinguishers, oxygen cylinder, Automated External Defibrillator (AED) and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- The practice ensured staff maintained the necessary skills and competence to support the needs of patients including mandatory training and annual appraisal.
- Patients reported that they felt they were listened to and that they received good care from a helpful and respectful practice team.
- The practice had implemented clear procedures for managing comments, concerns or complaints, proactively sought feedback from patients and staff and acted on it to improve the service provided.
- There was a clear vision for the practice and staff told us they were well supported by the management team.
- There were governance arrangements in place and the practice effectively used audits to monitor and improve the quality of care provided.

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

- Review the practice's infection control procedures and protocols giving due regard to 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'

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 practice had systems in place to minimise the risks associated with providing dental services. The practice had policies and protocols related to the safe running of the service. Staff were aware of these and were following them. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. Equipment was well maintained and checked for effectiveness. The practice had systems in place for the management of infection control and waste disposal, management of medical emergencies and dental radiography.

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

The practice demonstrated that they followed relevant guidance, for example, issued by the National Institute for Health and Care Excellence (NICE) and the Faculty of General Dental Practice (FGDP). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments. The practice maintained appropriate dental care records and details were updated appropriately. The practice referred patients to other health care professionals when necessary.

Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the General Dental Council (GDC).

Are services caring?
We found that this practice was providing caring services in accordance with the relevant regulations. Feedback from patients highlighted that they were treated with dignity and respect. Patients said there was a positive and caring attitude amongst the staff. We found that dental care records were stored securely and patient confidentiality was well maintained.

Are services responsive to people's needs?
We found that this practice was providing responsive care in accordance with the relevant regulations.

Patients were satisfied with access to appointments, including emergency appointments, which were available on the same day. Members of staff spoke a range of languages which supported good communication between staff and patients. The needs of people with disabilities had been considered in terms of accessing the service. Patients were invited to provide feedback via satisfaction surveys, including the use of the 'NHS Friends and Family Test', and a suggestion box in the reception area. There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area. Complaints were responded to in a timely way.

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

Summary of findings

There were good clinical governance and risk management systems in place. There were regular staff meetings and systems for obtaining patient feedback. We saw that feedback from staff or patients had been carefully considered and appropriately responded to. The practice had a clear vision and a mission statement in place. The mission statement was shared and understood by all members of staff. Staff felt well supported and confident about raising any issues or concerns with the practice manager.

Abbey Dental South Harrow

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 29 June 2015. The inspection took place over one day. The inspection was led by a CQC inspector who was accompanied by a dentist specialist advisor.

We reviewed information received from the provider prior to the inspection. We also informed the NHS England area team and the local Healthwatch that we were inspecting the practice; however we did not receive any information or concern from them.

During our inspection visit, we reviewed policy documents and dental care records. We spoke with eight members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed dental nurses carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the waiting area.

We reviewed 45 Care Quality Commission (CQC) comment cards completed by patients and spoke with two patients in the waiting area. Patients we spoke with and those who completed comment cards were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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 competent in using the incident reporting system which allowed them to report all incidents including near misses. Incidents were documented, investigated and learnt from by the dental team. Staff told us they were confident about reporting incidents and discussed learning from them at team meetings which were held every six weeks.

We reviewed incidents that had taken place in the previous year and found the practice had dealt with them appropriately. For example, a fault with the door at the front entrance to the practice was repaired after a patient had received a minor injury. Staff understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and confirmed no reports had been made The dentist told us that if patients were affected by something that went wrong, they would apologise to the patient and inform them of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had a child protection and safeguarding adults policy in place. This provided staff with information about identifying, reporting and dealing with suspected abuse. The policy was accessible to staff and included the contact details for the child protection and safeguarding adults teams. Staff we spoke with knew how to report concerns and who they would contact if they suspected abuse.

The practice manager was the safeguarding lead for the practice. Safeguarding was identified as essential training for all staff to undertake. We saw records that confirmed all dentists had received safeguarding training to Level 3 and other dental care professionals to Level 2.

Staff were aware of the practices' whistleblowing procedures if they had concerns of malpractice by other staff members. Staff told us they were confident about raising such issues with the practice manager.

The practice had safety systems in place to help ensure the safety of staff and patients. These included protocols to follow in relation to sharps injuries (for example injuries sustained from handling needles or sharp instruments). Staff used needle guards to allow staff to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments.

The dentists used rubber dam when carrying out root canal treatment in accordance with guidance from the British Endodontic Society.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies in accordance with the Resuscitation Council (UK) guidelines. An emergency resuscitation kit and an Automated External Defibrillator (AED) were available. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electric shock to attempt to restore a normal heart rhythm).

Oxygen and medicines for use in an emergency were available and complied with the latest recommendations from the Resuscitation council (UK). Records showed monthly checks were carried out to ensure the emergency equipment was fit for purpose and weekly checks were carried out on the emergency medicines to ensure they were in date.

Staff had received training in basic life support and medical emergencies in the previous year and it was practice policy to provide this training on an annual basis. Staff we spoke with knew the location of all the emergency equipment and medicines and how to use them. There was also a designated staff member who was a trained first aider.

Staff recruitment

The practice had a policy and documentation in place for the recruitment of staff which included qualification and professional registration checks. It was practice policy to carry out criminal record checks via the Disclosure and Barring Service (DBS) on all staff prior to employment. We reviewed four staff files and found DBS checks and written references had been sought for each member of staff.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had carried out a number of risk assessments in order to identify and manage risks to patients and staff. For example, we saw risk assessments

Are services safe?

for fire and general health and safety. The practice had carried out a safety audit in 2014 to include medical emergencies and radiography. The practice carried out weekly safety checks of fire extinguishers, smoke detectors/ fire alarms, emergency lighting and fire exits. The practice also carried out monthly checks of equipment including dental, decontamination and x-ray equipment.

There were effective arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified and actions were described to minimise these risks. We saw that COSHH products were securely stored.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts arrived via email to the practice manager who then disseminated these alerts to the other staff, where appropriate.

The practice had a business continuity plan in place to ensure continuity of care in the event of a major disruption to the service.

Infection control

There was an infection control policy in place including procedures to ensure infection control standards were met. These included procedures to follow for hand hygiene, managing waste and the decontamination of dental instruments. The practice followed guidance about decontamination and infection control issued by the Department of Health; 'Health Technical Memorandum 01-05 – Decontamination in primary care dental practices (HTM 01-05)' and the 'Code of Practice about the prevention and control of infections and related guidance'.

Posters about good hand hygiene were available to support staff in following practice procedures. Staff also had access to information about the practice policy for dental instrument decontamination.

During our inspection we noted that the treatment rooms were visibly clean. The decontamination of dental instruments was carried out in a dedicated decontamination room. The room was separated into clean and dirty zones, however there were no signs displayed to ensure staff were aware of this.

The dental nurses showed us the procedures involved in manually cleaning, rinsing, inspecting, sterilising, packaging and storing dental instruments including the use of a washer disinfector which was done on the whole in accordance with current guidance. However we did find the practice was using inappropriate brushes to manual clean instruments and instruments awaiting decontamination were submerged in water without an enzymatic solution which was not in line with current guidance. The practice manager told us these shortfalls would be immediately rectified. Staff wore personal protective equipment (PPE) whilst decontaminating used dental instruments including eye protection, heavy duty gloves, aprons and face masks.

The practice had procedures in place for daily, weekly, monthly, quarterly and annual quality testing of the decontamination equipment including the washer disinfector and autoclaves and we saw records to confirm these tests had taken place.

Records showed a risk assessment for Legionella had been carried out in January 2014 and had been reviewed in February 2015 (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in the water systems including the dental units within the premises were monitored. Preventative measures had been recommended to minimise the risk to patients and staff of developing Legionnaires disease, including running the water lines in the treatment rooms and the monthly monitoring of hot and cold water outlet temperatures. We saw evidence that these control measures had been implemented.

We found waste was separated into appropriate containers and waste sacks, for disposal by a professional waste company. Waste documentation was detailed and up to date.

The practice had audited its infection control procedures in January 2015 to assess compliance with HTM 01-05.

All of the staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we

Are services safe?

saw documents showing that the air compressor, fire equipment, autoclaves, washer disinfector and X-ray equipment had all been inspected and serviced. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry dates. Prescription pads were kept to the minimum necessary for the effective running of the practice. They were individually numbered and stored securely in the administrative office. Batch numbers and expiry dates for local anaesthetics were recorded in the clinical notes. These medicines were stored safely and could not be accessed inappropriately by patients. The practice stored medicines in the fridge as required and the fridge temperature was checked daily to ensure the temperature was within the required range for the safe use of medicines.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales and there was an inventory of all X-ray equipment. One of the dentists was the radiation protection supervisor (RPS). All clinical staff including the RPS had completed radiation training. X-rays were graded and audited as they were taken to monitor their quality.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

We reviewed three dental care records and discussed patient care with three dentists and the practice manager. We found that the dentists regularly assessed patient's oral health including soft tissues. Details of the treatment included local anaesthetic details such as the type, site of administration, batch number and expiry date. Dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken.

The dentist always checked people's medical history and medicines prior to treatment. The receptionist supported this work by ensuring they were completed accurately by patients.

The records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums).

The dentists kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the dentists referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to patient recall intervals, antibiotic prescribing and wisdom teeth removal. The practice kept up to date with other important guidance such as the Department of Health guidance for infection prevention and control.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. Dentists identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. Dentists also carried out examinations to check for the early signs of oral cancer.

We observed that there were a range of health promotion materials displayed in the waiting area including information on oral cancer and smoking cessation services as well as preventative dentistry the practice offered.

Staffing

Staff told us they received appropriate professional development and training. This included annual appraisals for all staff and training in mandatory topics such as basic life support, infection control, safeguarding children and adults, fire safety and radiography. An induction programme was in place for all new staff tailored to individual job roles. The practice manager told us there was sufficient staff to meet needs and staff were always available to cover absences such as annual leave and sickness.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interests of the patient. For example, referrals were made to specialist dental services, such as oral surgeons when necessary and referral protocols were in place and followed by the dentists. Referrals were made online or by post and patients were told to contact the practice if they did not receive their appointment in a timely manner.

Consent to care and treatment

Staff explained to us how consent was obtained from patients for all care and treatment. We reviewed three dental care records and found consent had been gained before treatment began. There was evidence that treatment options, risks, benefits and costs were discussed with the patient and then documented in a written treatment plan. CQC comment cards which had been completed prior to our inspection indicated that patients were given treatment options and they were satisfied that their consent had been sought. This aligned with what patients told us on the day of our inspection.

Staff demonstrated an understanding of the Mental Capacity Act 2005 and how this applied in considering whether or not patients had the capacity to consent to dental treatment. The Mental Capacity Act 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff

Are services effective?

(for example, treatment is effective)

explained how they would consider the best interests of the patient and involve family members or carers to ensure their needs were met. Staff had also attended training in the Mental Capacity Act 2005.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 45 Care Quality Commission (CQC) comment cards patients had completed prior to the inspection. Patient feedback was very positive about the care they received from the practice. They commented that they were treated with respect, dignity, compassion and empathy.

We observed privacy and confidentiality were maintained for patients visiting the practice on the day of our inspection. Patients' dental care records were stored securely behind the reception desk in locked cabinets. Staff we spoke with were aware of the importance of providing patients with privacy and there was a private room available if patients wanted a private conversation with staff away from the reception area. Treatment room doors were closed during treatments and we observed staff were polite and helpful with patients.

Involvement in decisions about care and treatment

We reviewed three dental care records and found that patients were always given a copy of their treatment plan and associated costs and they were allowed time to consider the different options before going ahead with treatment. CQC comment cards and patients we spoke with during our inspection reported that they had been involved in decisions about their care and treatment.

There was information on the practice website about the range of treatments available and costs. Both NHS and private fees were available at the reception and on a noticeboard in the patient waiting area.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice provided patients with information about the services they offered on their website and on a TV screen in the patient waiting area. We found the practice had an efficient appointment system in place to respond to patients' needs. Staff told us that patients in need of urgent treatment would be seen within 24 hours. Patients told us through) CQC comment cards that they were seen in a timely manner in the event of a dental emergency. Staff told us the appointment system gave them adequate time to meet patients' needs.

Tackling inequity and promoting equality

The practice was compliant with the Disability Discrimination Act 2010 (DDA). The practice used an interpreter service for patients where English was not their first language. Eight languages were spoken amongst the practice staff which were Bengali, Swahili, Urdu, Gujarati, Hindi, Punjabi, Tamil and Polish.

The practice was situated on the ground floor of the building and patients with pushchairs or wheelchair users had good access to the reception area and the treatment rooms. Doors were wide and all the treatment rooms were sufficiently spacious to accommodate pushchairs/ wheelchairs. There were disabled toilet facilities and the main entrance had automatic doors.

The practice had an equality, diversity and human rights policy and staff had received training in equality and diversity issues to ensure staff were able to meet the needs of all patients.

Access to the service

The practice was open Monday to Friday from 9.00am to 5.30pm, and closed for lunch between 1.00pm and 2.00pm. The practice displayed its opening hours on their premises, on the practice website and in the patient information leaflet. Information on the NHS 111 and a local out of hour's provider were also displayed in the premises and on the practices' answerphone.

Patients told us that although the practice was busy they could get an appointment in good time and did not have any concerns about accessing the dentist. They told us urgent appointments were available within 24 hours and if they were in pain the practice would fit them in on the same day.

Concerns & complaints

The practice had a complaints policy and procedure in place which provided staff with guidance on how to support patients who wanted to make a complaint. The practices' complaints policy was displayed on a noticeboard at reception for patients to reference including the contact details of external agencies patients could contact if they were not satisfied with the outcome of the practice investigation into their complaint.

We found there was a system in place to investigate and communicate with patients regarding complaints. We looked at nine complaints the practice had received in the previous 12 months and found that each one had been investigated and responded to in a timely way. We saw evidence that learning from complaints was discussed at practice meetings.

The practice collected feedback through the use of the 'Friends and Family Test'. The survey forms for this test were displayed in the waiting area. There was also a suggestion box on the wall at reception to collect patients' comments and concerns about the service provided.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service and ensured there were systems to monitor the quality of the service that were used to make improvements to the service. The practice manager led on individual aspects of governance such as safeguarding, complaints, information governance, infection control and health and safety. The practice carried out meetings on a six weekly basis which involved the whole dental team and meeting minutes were retained. We found all the practices' policies were up to date and reviewed annually, staff had signed to evidence they had read, understood and would follow the policies.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the practice manager. They felt they were listened to and responded to when they did so.

The practice had a mission statement displayed; 'we aim to deliver a patient focused, quality dental service, in a safe and friendly environment by staff committed to continuously developing their skills.' Staff demonstrated an awareness of the practice's mission statement and we saw evidence that it was discussed in practice meetings. The mission statement was also displayed on the practice website.

The staff we spoke with all told us they enjoyed their work and were well-supported by the management team. There was a system of staff appraisals to support staff in carrying out their roles to meet patients' needs. Notes from these appraisals demonstrated that they successfully identified staff's training and development needs.

Management lead through learning and improvement

All staff were supported to pursue development opportunities. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit in place. These included audits for infection control, clinical record keeping and X-ray quality. Other audits included those for prescribing antibiotics, waste management and patient waiting times.

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

The practice had systems in place to seek feedback from patients using the service, including carrying out patient surveys, a feedback form on the practice website, a suggestion box at the reception and the NHS friends and family test (FFT). The practice had also responded to comments on the NHS choices website and their analysis of patient feedback was comprehensive.

The most recent patient survey carried out in October 2014 showed a good level of satisfaction with the quality of service provided. We saw examples of where the practice had listened to patient feedback and acted on it. For example, as a result of feedback the practice had installed air conditioning, provided more seats in the patient waiting area and provided more magazines for patients to read whilst they waited to be seen by the dentist. The practice had also carried out a staff survey. The survey had highlighted that reception staff required more support in their job role and as a result the practice had provided customer service training for them.