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Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 23 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Dental Surgery is located in the London Borough of Croydon and provides mainly NHS and private dental to patients. The demographics of the practice was mixed, serving patients from a range of social and ethnic

backgrounds. The practice is open Monday to Fridays. The practice facilities include two consultation rooms, reception and waiting area, and an administration area. The premises are fully wheelchair accessible.

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.

We received feedback from 50 patients. This included speaking with patients on the day of the inspection and receiving completed CQC comment cards. Patients' feedback was positive and they described the service as excellent and fantastic and said the staff were professional and friendly. Patients' also commented that they were happy with the physical environment of the practice.

Our key findings were:

- Patients' needs were assessed and care was planned in line with current guidance.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- There was appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew where equipment was stored.

Summary of findings

- All clinical staff were up to date with their continuing professional development.
- There was appropriate equipment for staff to undertake their duties, and equipment was maintained appropriately.
- Appropriate governance arrangements were in place to facilitate the smooth running of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The provider had systems in place to ensure people were safeguarded from abuse. Staff were trained to the appropriate level for child protection and had also completed adult safeguarding training. The safeguarding policy was up to date and staff were aware of their responsibilities. Systems were in place for the provider to receive safety alerts from external organisations. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. The practice undertook risk assessments and there were processes to ensure equipment and materials were well maintained and safe to use. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency.

Are services effective?

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance, such as from the National Institute for Health and Care Excellence and The Department of Health (DoH). Patients were given relevant information to assist them in making informed decisions about their treatment.

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

All clinical members of the dental team were meeting their requirements for continuing professional development. All clinical staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005 and had completed recent training.

Are services caring?

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

Feedback from patients indicated that staff were friendly, professional, caring and treated patients with dignity. Feedback from patients included speaking with patients on the day of the inspection and receiving completed Care Quality Commission (CQC) comment cards. Patients were complimentary about staff, describing them as professional and caring. Patients told us they were involved with their treatment planning and able to make informed decisions and that staff acted in a professional manner and were helpful. They commented that the practice was clean and tidy and they did not have problems accessing the service.

Are services responsive to people's needs?

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

Patients had access to the service which included information available via the practice website. There was a practice leaflet with relevant information for patients. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours' details of the local out of hours' service was available for patients' reference.

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

Summary of findings

Are services well-led?

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

Governance arrangements were in place for effective management of the practice. Policies and procedures were available to staff for their reference. Staff meetings were held frequently and comprehensive minutes taken of the meetings. Opportunities existed for staff for their professional development. Audits were being used to improve the practice and staff we spoke with were up to date with their training, confident in their work and felt well-supported. Feedback was obtained from patients and their views were taken into account when developing the service.

Dental Surgery

Detailed findings

Background to this inspection

The inspection took place on the 23 September 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 and NHS Choices.

We also informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

The methods used to carry out this inspection included speaking with the dentist, the dental nurse, reception staff, practice manager and patients on the day of the inspection, reviewing CQC comment cards, reviewing documents and observations.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Safety and medical alerts were received by the practice manager. This included alerts from NHS England and the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager told us that all alerts were passed on to relevant staff as and when appropriate to do so. We saw evidence of how alerts were disseminated amongst staff.

The practice had an incidents and accident reporting procedure. All incidents and accidents were reported in the incident and accident book. The practice manager told us that if relevant they were also discussed with staff during team meetings to share learning from the event. All staff we spoke with were aware of reporting procedures including who and how to report an incident to. We reviewed the incidents and accidents log and there had not been any incidents over the past 12 months.

There had not been any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) incidents, within the past 12 months. The practice manager demonstrated a good understanding of RIDDOR regulations and had the appropriate paperwork in place to record if they had an incident.

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. The local authority safeguarding referral reporting flowchart was displayed in the reception area for quick reference for staff. The flowchart included details of the relevant person to contact in the event of needing to report a safeguarding concern. The dentist had completed child protection training up to the appropriate level as had the nurses and administration staff. All staff had also completed adult safeguarding training. All staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The practice did not use rubber dam when undertaking 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]. The dentist however used other preventative measures when performing root canal treatments and their explanations were in line with alternative acceptable methods. .

New patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

Medical emergencies

The provider had appropriate arrangements to deal with medical emergencies. There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Staff also had access to emergency equipment on the premises including 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]. We saw records of the daily checks that were carried out to the drugs to ensure they were not past their expiry and in working order in the event of needing to use them. We also saw records of the checks to the AED and medical oxygen.

All clinical staff had completed basic life support training in November 2014 and this training was repeated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and oxygen.

Staff recruitment

There was a full complement of the staffing team. The team consisted of one dentist, two nurses (one of which was also the practice manager) and two reception staff. We saw confirmation of all clinical staff registration with the General Dental Council (GDC).

The practice had a recruitment policy and procedure that outlined how staff were recruited and the pre-employment checks that were carried out before someone could commence work in the practice. This included confirming professional registration details, proof of address, proof of identification, references, Disclosure and Barring Services

Are services safe?

(DBS) check and immunisation proof. The majority of staff had been working in the practice for a number of years. We saw that the majority of checks had been carried out when they commenced work in the practice. All staff files had a disclosure and barring services check, proof of registration, proof of identity and curriculum vitae.

Monitoring health & safety and responding to risks

There were appropriate arrangements in place to respond to and deal with risks and foreseeable emergencies. This included having a business continuity plan in place and carrying out risk assessments. The business continuity plan covered events such as a power failure and flooding in the premises. There were details of relevant organisations to contact in the event of an emergency.

The provider had a health and safety folder with policies and procedures relating to maintaining health and safety. This included fire safety and waste management. There were also a set of risk assessments that were carried out. This included a premises risk assessment, fire risk assessment and a risk assessment for the continued use of re-sheathing while handling needles.

Fire risk assessments were carried out annually the last one being completed on 21 September 2015. Fire drills were completed every six months and there was a map detailing the meeting point in the event of a fire.

A practice risk assessment had been completed on 5 January 2015. The risk assessment covered significant hazards including biological agents, display screen equipment and the autoclave. Actions required were outlined and a review date had been set.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. One of the dental nurses was the infection control lead.

Decontamination of instruments was carried out in one of the surgeries. There were two sinks in the surgery; a hand washing sink and a sink for cleaning of used dental instruments. Instruments were rinsed using a bowl in the washing sink which was in line with acceptable procedures for cleaning 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; placing in an ultrasonic bath; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

We reviewed records of the checks and tests that were carried out to the autoclaves and the records were in line with guidance.

All relevant staff had been immunised against blood borne viruses and we saw evidence of this. There was a contract in place for the safe disposal of clinical waste, which was collected every two weeks. We saw the consignment notes for the collections for July and August 2015. The practice had blood spillage and mercury spillage kits.

The surgeries were visibly clean and tidy. There were appropriate stocks of personal protective equipment for both staff and patients such as gloves and disposable aprons. There were enough cleaning materials for the practice. Wall mounted paper hand towels and hand gel was available as were clinical waste bins. The dental nurses cleaned all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings.

The last legionella risk assessment had been completed in 2011 and actions had been identified. The dentist confirmed that all the actions had been completed. They advised us that they planned to get another risk assessment carried out in the near future. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The dental lines were maintained with a purifying agent. Taps were flushed daily in line with recommendations.

Infection control audits were being carried out and we reviewed the most recent one carried out in December 2014 where the practice scored 98%.

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such

Are services safe?

as the autoclave and ultrasonic bath. The air compressor and pressure vessel had been inspected in February 2015 and certified as passed. The autoclave was serviced in February 2015. The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in June 2015.

Medication was stored appropriately in a secure location. All medicines were logged with their batch number and expiry date.

Radiography (X-rays)

The dentist was the radiation protection supervisor (RPS). All relevant staff had completed radiation training. The practice had an external radiation protection adviser (RPA). The practice had records in their radiation protection file demonstrating maintenance of x-ray equipment carried out in June 2015 along with the critical examination packs. Local rules were displayed.

The dentist was carrying out individual audits on an on-going basis. The most recent X-ray audit report was carried out in March 2015 and was a rolling audit, which was undertaken every year. A reflection report was also written based on the audit findings.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) guidance.

During the course of our inspection we checked 10 dental care records to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra- and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums].

Health promotion & prevention

Staff told us that they gave health promotion and oral health advice to patients. Notes we checked confirmed this; for example we saw that dietary advice, brushing techniques and smoking cessation advice was given to patients. One of the nurses held a certificate in oral health education and this enabled them to give extended advice and support to patients around oral health.

A range of leaflets were available relating to health promotion and prevention.

Staffing

Opportunities existed for staff to pursue development opportunities. We reviewed staff training records and saw that staff had attended a range of courses and conferences for their development. We discussed with the practice manager how training needs were identified and they advised that it was mainly self-identified by individual staff. Staff we spoke with confirmed that they did have access to opportunities for developmental purposes.

The dentist was an experienced professional and had been in practice for a number of years. The patient notes we reviewed were comprehensive and demonstrated that they had the appropriate knowledge and experience to deliver effective care and treatment. We reviewed staff files and saw that staff had completed the appropriate training and had relevant qualifications to enable them to provide treatment and care to patients.

All the clinical staff had current registration with their professional body, the General Dental Council and were all also up to date with their continuing professional development requirements. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 every five years].

Working with other services

The provider had arrangements in place for working with other health professionals to ensure quality of care for their patients

The practice had standard templates for referrals. We reviewed two patient referral records. All the details in the referral were correct for example the personal details and details of the issues. The referrals had very clear indications of what needed to be done and intended outcome from the referral. Copies of referrals were scanned onto the patient's dental care records. There were systems in place for referrals to be followed up and monitor the outcomes.

Consent to care and treatment

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

Staff whom we spoke with understood the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence and had received training in March 2015. [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]. Staff gave us comprehensive examples of when the Act would apply and how it related to their roles.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from fifty patients (this included completed CQC comment cards and patients we spoke with). Feedback was very positive. Staff were described as helpful, professional, and caring. Patients said staff ensured they maintained their privacy during consultations. Patients gave us examples of when staff had treated them with compassion and empathy. For example some patients explained they were nervous patients and staff employed tactics such as giving stress balls and other aids to calm them down and make the treatment more comfortable. Other patients described how the dentist would stop if they indicated they were in pain or distressed. Patient feedback indicated that staff were always respectful when speaking to patients.

We observed staff interaction with patients in the waiting room and saw that staff interacted with patients in a respectful and friendly manner. The dentist told us that consultations were in private and we observed that this happened with doors being closed so that the conversations could not be overheard whilst patients were being treated. The environment of the surgeries was

conducive to maintaining privacy. The reception area was small so it was difficult to maintain privacy; however we saw that reception staff made every effort to ensure they spoke to patients in lowered voices.

Patients' information was held securely electronically and we were told it was backed up off-site. All computers were password protected with individual login requirements.

Involvement in decisions about care and treatment

Patient feedback indicated that they felt involved and informed in decisions about their treatment and care. They stated that information was given in clear, plain language and anything they did not understand was always explained.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was open from 9.15am to 5.30pm Tuesday, Wednesday and Fridays; 8.00am to 4.30pm Thursdays and Mondays by appointment. Staff told us that the appointment times were reflective of patients' needs. Patients who provided feedback were satisfied with the opening times.

To respond effectively to patients' needs the practice had made various adjustments to the practice including putting additional handrails in the toilets to make it more accessible and making information available in other formats such as large print if patients required it.

Patients experiencing pain and in need of an urgent appointment were always offered an appointment on the same day. If a patient had an emergency they were asked to come in, and would be seen as soon as possible.

Tackling inequity and promoting equality

Staff told us that the patient population was quite diverse. The practice manager told us that they took account of the varying needs of patients and made reasonable adjustments to ensure all patients had equal access to the service. This included providing information in other languages if required.

The practice was set out over one level. There was ramp access into the building and the building was suitable for wheelchairs and pushchairs to be manoeuvred around.

Access to the service

The practice had a comprehensive website with information about their services, treatments, opening

times and contact details. Opening times were displayed on the website as well as on the practice door. There was a patient leaflet with detailed information for patients outlining treatment costs, emergency out of hours' details and services.

If patients required an appointment outside of normal opening times the practice was flexible and tried to accommodate patients as much as they could. If it was not possible then they were advised to call the local out of hours service. The details of the service were on the practice answer machine message and contact numbers also displayed on their website.

Feedback received from patients indicated that they were happy with the access arrangements. All the patients we spoke with were aware of how to access emergency treatment in the event of need.

Concerns & complaints

The provider had a complaints manual and procedure in place. At the time of our visit there had not been any complaints in the past 12 months. We reviewed the complaints that were older than 12 months and they had been handled in line with the policy. The patients affected had been written to with a full explanation of how their complaint had been resolved/ dealt with. Staff we spoke with demonstrated that they were aware of their procedure and explanations of how they would deal with a complaint were in line with their policy. Complaints handling was a standard item on the team meeting agenda. The practice manager told us this was because they wanted to ensure staff were reminded and received frequent training on how to handle complaints.

A leaflet was available to patients outlining how to complain and how complaints were handled.

Are services well-led?

Our findings

Governance arrangements

There were a range of policies and procedures to ensure effective governance arrangements were in place. This included health and safety policies, staffing and recruitment policies and an infection control policy. Policies were available to staff electronically on their computers.

Staff we spoke with told us they were well supported. They received formal supervision and told us they felt confident to approach the practice manager at any time. We reviewed staff files and saw notes of staff supervision. Notes demonstrated that staff had access to development opportunities and support needs were discussed.

Dental care records we checked were complete, legible and accurate and stored securely on computers that were password protected.

The practice had a programme of audits in place. Various audits had been completed over the past 12 months and included audits on antimicrobial prescribing, record card and infection control.

We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. For example the aim of the antimicrobial prescribing audit was to reduce the number of antibiotics being inappropriately prescribed. Data collected from 20 patients found that the audit was mainly positive outcomes. Actions to improve included ensuring that advice was offered in line with NICE guidelines.

Leadership, openness and transparency

The practice's statement of purpose reflected that of the organisation and was in the provider information leaflet. Staff spoke proudly of the service and the work they carried out, which was reflective of the vision they were aiming to achieve. Staff we spoke with were confident in approaching the practice manager if they had concerns and displayed appreciation for the leadership.

The practice manager told us that they encouraged staff to be open and transparent and that they led by example and did the same.

There were systems in place to support communication about the quality of the service. This included having quality improvements as a standing agenda item for the team meeting.

We discussed the duty of candour requirement in place on providers. The dentist and practice manager gave us relevant examples of how they had displayed duty of candour through their incidents handling. The explanations of how they ensured they were open and transparent with patients and staff was in line with the expectations under the duty of candour. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Learning and improvement

Practice meetings were held every month. We reviewed the minutes of the meetings held from January to September 2015. We saw that the meetings were used for staff to learn, develop and be updated on practice issues. For example standard agenda items included discussing matters arising, medical emergencies, significant events and complaints. Minutes from the meetings were comprehensive and shared amongst the staff team. We reviewed staff appraisals and saw that objectives were set and goals for the year ahead. Appraisals were reviewed at six monthly intervals.

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

The practice carried out on-going patient satisfaction surveys. The practice manager told us that they analysed the results by looking for themes and trends. We saw that improvements were identified and acted on. For example, during one of the recent team meetings they had discussed the feedback from patients relating to waiting times and discussed ways things could be improved. The practice also collected the NHS Friends and Family test survey and the results from this survey also fed into patient feedback.