

# Baldish Nandra & Parisa Akhavan-Tabib

# Jazz Dental Practice

## Inspection Report

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Date of inspection visit: 17 June 2015  
Date of publication: 06/08/2015

### Overall summary

We carried out an announced comprehensive inspection on 17 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

Jazz Dental Practice is located in the London Borough of Croydon and provides predominately NHS dental services. The practice is open Monday, Tuesday and Thursdays 9.00am – 7.00pm, Wednesdays and Fridays 9.00am-6.00pm and Saturdays 9.00am-3.00pm. The

practice facilities include two consultations rooms, reception and waiting area, an administration area and toilet facilities. The demographics of the practice was mixed, with patients from a range of ethnic and social backgrounds.

The principal dentist 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.

We received 13 completed comment cards. Feedback obtained was very positive. Staff were described as professional and caring. Patients were happy with the cleanliness of the premises and facilities available.

#### **Our key findings were:**

- There were effective processes in place to reduce and minimise the risk and spread of infection
- Patients' needs were assessed and care was planned in line with best practice guidance
- Patients were involved in their care and treatment planning so they could make informed decisions
- Staff were up to date with their continuing professional development and opportunities existed for all staff to develop

# Summary of findings

- There was appropriate equipment for staff to undertake their duties and equipment was maintained appropriately.
- Appropriate governance arrangements were in place to facilitate the smooth running of the service with audits being completed.
- There was appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies.

# 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 receive safety alerts from external organisations. Staff were trained to the appropriate levels of safeguarding and child protection and demonstrated awareness of safeguarding issues. Medical histories were taken and updated appropriately. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. The practice had risk assessments in place and there were processes to ensure equipment and materials were well maintained and safe to use. 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. Referrals were made and followed up appropriately.

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.

### **Are services caring?**

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

Feedback from patients indicated that staff were friendly, professional, caring and treated patients with dignity. We received 13 completed Care Quality Commission (CQC) comment cards. Patients were complimentary about staff describing them as friendly and caring. Patients told us they were involved with their treatment planning and able to make informed decisions. They said 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 good access to the service which included a range of opening times, information available via the practice website and a practice information leaflet. Urgent on the day appointments were available during opening hours. In any event patients were given details of the Croydon out of hours service and the '111' service.

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.

### **Are services well-led?**

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

# Summary of findings

Governance arrangements were in place for effective management of the practice. This included having appropriate policies and procedure for staff to refer to for the smooth running of the service. Staff meetings were held monthly to update staff on practice developments and discuss service improvements. Staff had access to training and development opportunities and told us they felt supported.

# Jazz Dental Practice

## Detailed findings

### Background to this inspection

The inspection took place on the 17 June 2015 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information provided by the provider and information available on the provider's website.

We reviewed information received from the provider prior to the inspection. 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, dental nurse and reception staff on the day of the inspection, reviewing 13 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

The practice had processes in place for receiving and sharing safety alerts. All safety alerts went to the principal dentist who then shared them with staff if relevant. For example, we were told that alerts from the Medicines and Healthcare Regulatory Authority (MHRA) were received and shared with staff. If relevant they were also discussed at practice meetings.

The practice had an accident book to record all accidents and appropriate reporting procedures were in place for RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013)). At the time of our inspection there had not been any accidents or reportable incidents in the practice (the practice had only been open for just under a year). There was a separate form for recording adverse incidents and near misses. All policies relating to safety had been developed in July 2014, when the practice opened.

We discussed with the principal dentist how accidents and safety incidents would be dealt with in the practice. Their explanations were in line with their policy and expectations under the duty of candour under the Health and Social Care Act 2008.

### Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for safeguarding adults and child protection. All staff were trained to level two in child protection and had completed adult safeguarding training within the past 12 months. The principal dentist explained safeguarding issues including outlining groups he would pay particular attention to (i.e. children and patients who lacked capacity). Details of the local safeguarding team were readily available to staff and there was a copy of the safeguarding flowchart displayed. The principal dentist was the safeguarding lead.

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

Medical histories were taken and updated at each subsequent visit. This included taking details of current

medication, known allergies and existing medical conditions. We reviewed patient records and saw that medical histories had been updated appropriately. Where a patient had an allergy or medical condition a flag appeared on their record when staff opened it.

### 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. We checked the stock of emergency medicines and they were all within their expiry date. Staff told us that they were checked weekly. We reviewed records and saw that this was happening.

Staff also had access to emergency equipment on the premises including an automated external defibrillator (AED) in line with Resuscitation Council Guidance UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. Oxygen was also available with the appropriate apparatus to use it.

All staff had completed recent basic life support training which the practice intended to repeated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and oxygen.

### Staff recruitment

At the time of our visit there was a full complement of the dental team. All clinical staff were registered with their governing body, the General Dental Council (GDC). The practice was a branch site of another practice and as such some staff had been employed in the service for a number of years and had transferred over from the other practice. We reviewed staff files that were available and saw that appropriate pre-employment checks had been carried out. This included checking identity, obtaining references, previous work history and completing a disclosure and barring services (DBS) check. All staff working in the practice had a DBS check on their staff file.

### Monitoring health & safety and responding to risks

There were appropriate arrangements in place to respond to and deal with risks and foreseeable emergencies. There was a risk assessment policy that covered safety issues and

# Are services safe?

how to respond to them. The practice had various risk assessments in place to monitor health and safety issues. For example, a fire risk assessment had been carried out in September 2014. It covered assessing fire escapes, checking the fire extinguishers and practising evacuation procedures. No issues had been identified as requiring action.

Fire drills were completed monthly and the smoke alarms were also tested. We saw records of the drills and tests conducted going back to June 2014 when the practice opened.

This business continuity plan covered issues that could cause disruption to the service delivery and included destruction by fire, staff death, flooding of the premises and damage to records. The principal dentist explained that if they lost records, all records were backed up off site so they would still have access to them.

## 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. In addition to this there was a copy of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) from the Department of Health, for guidance. One of the dental nurses was the infection control lead.

There was a decontamination room that had a clearly labelled flow from dirty to clean to minimise the risks of cross contamination. The dental nurse who was the lead for infection control gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery; washing manually in a sink; placing into the ultrasonic bath; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry was clear. We saw that correct personal protective equipment was worn during the decontamination process.

We saw records of all the checks and tests that were carried out on the autoclave to ensure it was working effectively. The checks and tests were in line with guidance and included being serviced every six months. There was an ultrasonic cleaner and it was tested daily and weekly. Staff

told us they carried out the protein and foil tests however they were not keeping records. We discussed this and they assured us they would start to retain and record the tests for audit purposes.

Staff were immunised annually against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. The segregation and storage of dental waste was in line with guidance. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and collected every two weeks.

Sharps containers were well maintained being correctly assembled and correctly labelled. Staff we spoke with understood the practice sharps injury policy and were able to explain that they would do in the event of a sharps injury.

The surgery was visibly clean and tidy. There were stocks of personal protective equipment for both staff and patients such as gloves and aprons. 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 and wiping down all surfaces and the dental chair in-between patients.

There was an up to date legionella risk assessment and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The dental lines were maintained and cleaned weekly with a purifying agent. Taps were flushed daily in line with recommendations.

## Equipment and medicines

There were appropriate arrangements in place to ensure equipment was maintained. There were service contracts in place for the maintenance of the autoclave including a six monthly service. The suction compressors in each surgery were also maintained appropriately. The pressure vessel certificate was dated December 2014. The practice had portable appliance and carried out PAT which was due to re-testing in November 2015.

Medication was stored appropriately in a secure location.

## Radiography (X-rays)

## Are services safe?

The practice had a named radiation protection supervisor and an external radiation protection adviser. The radiological protection rules were displayed in every surgery. We reviewed the radiation protection file and it was in order and up to date. All staff had read and signed the local rules. We discussed this with the principal dentist

and they agreed that this would be done immediately. An audit had not yet been completed on the digital x-rays system. We were told that this was an outstanding action and it was due to the practice being fairly new and still getting processes in place; however there were plans for an audit to be carried out in the coming months.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

We reviewed four medical records and saw evidence of assessments that were individualised for patients. The assessment included an up to date medical history outlining medical conditions and allergies (which was reviewed at each visit). The reason for the visit was established and documented and a full clinical assessment was carried out checking social history. The dentist explained that they explained what they were doing at each stage and discussed options with the patient. If the treatment was likely to be complex then patients were given the information in writing. Information about costs were explained and the patient given written information if required. To ensure patients understood their treatment the dentist used models of various types of dentures and models of teeth and videos to explain the treatments available.

### Health promotion & prevention

Leaflets were available relating to health promotion and prevention. This included advice on teeth brushing, oral hygiene, diet and fluoride advice. Smoking cessation posters were on the walls in both surgeries.

The dentist confirmed that they also promoted good oral health during consultations with patients. We saw through records we reviewed that patients were given health promotion advice as part of their consultation in line with guidance.

### Staffing

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

We spoke with staff and they were happy with the development opportunities available to them.

### Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. Referrals were made to specialist services such as orthodontists and the local hospital. As they were a NHS practice they followed the local area teams referral process, however they did give patients the options of being referred to a private specialist if they preferred. . We saw that there was good communication between the practice and the professional the patient had been referred to as was evidenced by communication documented in the patient's record,. Referrals were also made to GPs if the dentist identified something that required a medical follow-up.

### Consent to care and treatment

The provider had a consent policy in place and it outlined informed consent, patients' ability to give consent and where consent forms were required before treatment could be given. Consent was usually given verbally and documented on the patients clinical records. Written consent was obtained for procedures such as photography, removal of braces or an irreversible treatment such as extractions. We saw completed copies of consent forms and they were completed accurately and filed appropriately.

To ensure staff understood all issues relating to consent and capacity a copy of the Mental Capacity Act (MCA) 2005 was available for staff to refer to. 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 themselves. Staff had not received MCA training; (although it was planned) however the staff we spoke with understood the Act and demonstrated sufficient knowledge to enable them to apply it to patients, if required.

# Are services caring?

## Our findings

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

We received 13 completed CQC comment cards. Generally feedback was positive. Staff were described as professional, caring and treating patients with kindness and respecting their privacy.

We observed interaction with patients and staff in the waiting room and saw that staff interacted well with patient speaking to them in a respectful and considerate manner and showing compassion. When staff collected patients from the waiting area they introduced themselves and were welcoming. We observed that consultations were in private and door were closed when patients were receiving treatment. . The reception area and waiting area was open plan however we saw that staff made efforts to be discreet when talking to patients so that conversations could not be overheard.

Patients' information was held securely electronically and backed up off-site. All computers were password protected with individual logins.

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

The patient feedback we received indicated that staff involved patients in their treatment planning. Patients commented that things were explained well and they were given assistance to make decisions about treatment.

Staff we spoke with told us they always explained things to patients and never carried out treatment if a patient was unsure. The medical records we reviewed demonstrated that people were involved in planning because it was documented in their clinical notes. For example we reviewed notes where the dentist had documented that they discussed treatment options available and explained the benefits and consequences of treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appropriate appointments system that met patients' needs. The principal dentist told us that opening times were reflective of patients' needs with three late evenings and Saturday sessions. The practice is open Monday, Tuesdays and Thursdays from 9.00am-7.00pm, Wednesdays and Fridays 9.00am -6.00pm and Saturdays 9.00am-3.00pm. In the event of a patient needing an appointment outside of these times, there was a poster on the wall outside the building and a message on the practice telephone directing patients to call the Croydon out of hours service or contact the '111' service..

The principal dentist explained how they gathered the views of patients in the planning of the service to ensure it met with their needs. For example, some patients had enquired about getting Saturday appointments with the hygienist. They took this issue to the wider patient population and most patients felt that the current arrangements were sufficient. Also in response to demand for the service and patient feedback the practice had plans in place to extend and have a third surgery/consultation room.

Urgent and non-routine appointments were accommodated well. If a patient had an emergency they were always seen on the same day and slotted into the routine appointments.

### Tackling inequity and promoting equality

The practice was set out on one level and access to the building was step free. Once inside there was space for wheelchair users and prams to manoeuvre around the building. A disability discrimination act assessment of the premises and no issues had been picked up. Parking spaces was also available to patients with mobility problems.

The patient population was evenly mixed with patients from different social and ethnic backgrounds. The staff team was diverse and staff spoke different languages including, English, Russian, Punjabi, Persian, Dutch and German. This diversity in the staffing structure enabled them to meet better the needs of patients accessing the service.

### Access to the service

The practice had a comprehensive website with information about the staff team, treatments on offer, payment options contact details. The practice opening times were displayed on their website, outside the building and in the practice leaflet. The practice also had information in the patient waiting area including leaflets on oral health advice. Appointments were booked by calling the practice. Emergency appointments were available every day.

The principal dentist told us that patients were generally seen at their appointment time. If the situation occurred whereby this was not going to happen the patient was always told and given an approximation of how long they would have to wait. Feedback we received from patients did not indicate that there was a problem with waiting times.

### Concerns & complaints

The provider had a complaints policy and procedure in place This included how to make a complaint, response times and contact details in the event of them wanting to escalate it further. We reviewed the complaints file and saw that complaints were responded to appropriately. One complaint we reviewed related to a patient not being informed about the change of ownership. We saw that as a result of this the provider changed the information they gave to patients when they rang to make an appointment. All patients were told about the change and given an opportunity to decide if they still wanted to attend. There was a leaflet readily available to patients outlining how to complain and how complaints were handled.

# Are services well-led?

## Our findings

### **Governance arrangements**

All staff we spoke with were clear about their roles and responsibilities and the organisation's vision. All staff received an induction into the practice which included discussing the practice vision. The principal dentist told us that they held staff meetings once a month. We reviewed the notes of the meeting held in May 2015. During the meeting they had discussed the recent NHS England infection control audit that had been carried out at the practice. Staff were also updated about training that was coming up. Staff we spoke with told us they felt supported and opportunities existed for their personal development.

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.

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

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

The practice vision was to provide ethical high quality dental treatment to the whole population. 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 principal dentist if they had concerns.

The principal dentist told us that they encouraged staff to be open and transparent and that they led by example and did the same. They said that systems such as the complaints procedure and staff meetings were in place to support effective communication about the quality of the service so they could learn from things when they go wrong. The practice had not been open very long so there were not many instances of 'things gone wrong' however we saw that there was a culture of openness and

transparency in the organisation. For example, the complaints they had dealt with was investigated and staff acted immediately to ensure the impact was minimised. We saw that the complaint was handled in line with their policy and expectations under the duty of candour. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

### **Management lead through learning and improvement**

All clinical staff were up to date with their continuing professional development (CPD) and supported to pursue development opportunities. Appraisals had not been conducted yet because the provider had not been operating very long. However we saw that they were planned in staff diaries for the coming months.

Appropriate audits were carried out as part of on-going improvement and learning. For example we reviewed a disability audit completed in February 2015. The audit picked up that information was not accessible to all patients. An action from the audit was to produce medical history forms and practice information leaflet in larger print. We saw that there were plans for further auditing to be carried out over the next 6 months.

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

Feedback from patients was gathered through an on-going monthly patient survey. The principal dentist told us that they struggled to get patients to complete them because patients always said they were satisfied with the service. At the time of our visit we saw that two patient feedback forms had been completed for the month of January 2015. Both of the forms were very positive about the service rating it excellent for all areas including professionalism, cleanliness of the service and quality of treatment. The practice had recently started completing the NHS Friends and Family test. Completion of this feedback was more productive and we saw that patients were very positive about the service.