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Gatley Park Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 10 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Gatley Park Dental Practice is located in Gatley village in the borough of Stockport. The practice is situated on the first floor of a commercial property which is accessed via a flight of stairs and as such was not accessible to people with restricted mobility or wheelchair users. People requiring level access were signposted to local dental practices that occupied ground floor premises.

The practice provides predominantly NHS treatment (80%) and a smaller amount (20%) of private treatments. Facilities within the practice include four treatment rooms, a dedicated decontamination room, a spacious waiting room and a reception area. The practice opening hours are Mondays 8.30am to 7pm, Tuesday, Wednesday and Thursday 8.30am to 6pm and Friday 8.30am to 1pm.

There is a principal dentist who is the practice owner, two associate dentists, a hygienist, a specialist periodontal surgeon and a sessional Consultant Oral & Maxillofacial specialist. They are supported by a team of dental nurses and a practice manager.

The principal dentist (practice owner) is the registered person. 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.

Summary of findings

We received feedback about the service from 16 patients via CQC comment cards and through speaking with patients on the day of the inspection.

Our key findings were:

- The practice had effective safeguarding processes and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- Staff demonstrated a good understanding of whistleblowing and were confident they would raise a concern about another staff member's performance if it was necessary.
- The practice followed the guidance issued by the Department of Health's: 'Health Technical Memorandum 01-05 (HTM 01-05) for infection control.
- Equipment, such as the air compressor, autoclave (steriliser), fire extinguishers, and X-ray equipment were maintained in accordance with manufacturer's guidance and were regularly serviced.
- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE) and Delivering Better Oral Health.
- Staff had been trained to respond to medical emergencies, and appropriate medicines and life-saving equipment were readily available. This included an automated electronic defibrillator (AED). An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.
- The practice had effective systems in place to gain the comments and views of people who used the service.
- Appropriate pre-employment checks were carried out before staff commenced work in the practice.
- All clinical staff were up to date with their continuing professional development (CPD). Clinical staff were required to complete a specified number of hours CPD in a five year period to maintain their professional registration with the General Dental Council (GDC).
- Patients we spoke with and those who completed comment cards told us they were treated with care and staff were professional and friendly. We observed positive interaction between staff and patients during the inspection.

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 for identifying, investigating and learning from incidents relating to the safety of patients. Staff understood their responsibilities to report significant incidents in line with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

We saw a legionella risk assessment which was dated 2016 and no concerns were identified. Regular tests were carried out on the water lines.

There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. Staff had received training in safeguarding patients and, knew how to recognise the signs of abuse and how to report them.

The provider was aware of their responsibilities in respect of the Duty of Candour requirements. The Duty of Candour is a legal duty on health providers to inform and apologise to patients if there have been mistakes in their care that have led to significant harm. Duty of Candour aims to help patients receive accurate, truthful information from health providers.

There were systems in place for the management of medical emergencies and equipment and medicines were checked and were in line with guidance. Staff had received training in how to respond to a medical emergency including cardiopulmonary resuscitation (CPR).

Are services effective?

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

Patients who required emergency dental treatment were responded to in a timely manner and whenever possible on the same day or within 24 hours.

The practice carried out effective consultations in line with current National Institute for Health and Care Excellence (NICE) guidance. Patients were provided with advice to help them maintain healthy teeth and prevent tooth decay.

Staff that were registered with the General Medical Council (GMC) were supported to maintain their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Staff understood their responsibilities in relation to the Mental Capacity Act and offered support when necessary. Staff were aware of Gillick competency in relation to children under the age of 16.

Are services caring?

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

We saw that privacy and confidentiality were maintained for patients using the service on the day of the inspection. Policies and procedures in relation to data protection and security and confidentiality were in place and staff were aware of these.

The CQC comment cards we received were very positive about the service provided by the practice. Patients told us that the staff were professional polite and caring; they told us that they were treated with the utmost respect at all times. We found that dental care records were stored securely and patient confidentiality was well maintained.

Summary of findings

Are services responsive to people's needs?

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

The practice had no disability access as all four treatment rooms were on the first floor via a flight of steep stairs. The practice staff worked closely with other local practices to ensure care could be provided for patients who used a wheelchair or who had limited mobility.

Patients told us staff listened to them and gave appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand.

Are services well-led?

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

There was a clear vision for the practice that was shared with the staff. Staff felt supported and empowered to make suggestions for the improvement of the practice.

There were good governance arrangements and an effective management structure. The practice assessed risks to patients and staff and audited areas of their practice as part of a system of continuous improvement and learning. The service sought the views of staff and patients.

We saw staff were supported by the principal dentist and the practice manager which promoted openness and transparency amongst staff. Staff told us they enjoyed working at the practice and felt well supported in their role.

Gatley Park Dental Practice

Detailed findings

Background to this inspection

The inspection was carried out on 10 March 2016 and was led by a CQC inspector who had access to remote advice from a specialist advisor.

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

We reviewed information received from the provider prior to the inspection. This included the complaints they had received in the last 12 months, their latest statement of purpose, the details of the staff members, their

qualifications and proof of registration with their professional bodies. During our inspection we reviewed policy documents and spoke with patients, the principal dentist, two dental nurses and the practice manager.

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 policies and procedures in place to investigate, respond to and learn from significant events and complaints. The staff we spoke with were aware of their responsibilities to report significant incidents in accordance with the Reporting of Incidents, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice had systems in place to receive safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England by email. Relevant information was shared with staff working in the practice to ensure appropriate action was taken.

There were a range of policies and procedures which were regularly reviewed by the practice manager and principle dentist.

Staff understood their responsibilities in relation to the Duty of Candour requirement. Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. They told us if there was an incident that affected patients the patient would be advised, given an apology and informed of any actions taken to prevent a reoccurrence.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the designated safeguarding lead and staff knew who they should go to if they had a safeguarding concern. Staff had received training in relation to safeguarding children and adults. There were policies and procedures in place to inform staff of the referral process which included contact numbers for the local safeguarding teams.

Patients were asked to complete a medical history form to alert dental staff of allergies and medical conditions. These were reviewed at each appointment and recorded in the patients dental care record to ensure that dentists were aware of underlying conditions.

The practice used a rubber dam for root canal treatments in line with guidance supplied by the

British Endodontic Society. (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).

Staff records contained evidence of immunisation against Hepatitis B (a virus contracted through bodily fluids such as; blood and saliva). Adequate supplies of personal protective equipment such as face visors, gloves and aprons were available to minimise the risks of cross contamination.

There was a policy for the safe handling of sharp instruments displayed in the treatment rooms. We discussed how they managed safe sharps with the principal dentist, who described the actions taken to minimise the risks of sharps injuries. Syringes were dismantled by the dentists and placed into a sharps bin in the treatment rooms.

The practice had a policy and procedure to assess risks associated with the Control Of Substances Hazardous to Health (COSHH) Regulations 2002. There was a file containing manufacturer's information sheets for all chemicals used in the practice.

Medical emergencies

The practice had an automated external defibrillator. 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.

There were emergency medicines available in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency medicines and medical oxygen and saw that they were of the required type. The oxygen cylinder was tested weekly to ensure the level and flow rate was sufficient for use in an emergency.

We saw records of the monthly checks that were carried out to ensure the medicines were not past their expiry dates and safe to use.

Staff recruitment

The practice had a recruitment policy which included the process to be followed when employing new staff. This included obtaining proof of their identity, checking their skills and qualifications, registration with relevant professional bodies and taking up references.

Are services safe?

It was practice policy to carry out a Disclosure and Barring Service (DBS) check for all staff. (DBS checks identify whether a person has a criminal record or is on an official list of patients barred

from working in roles where they may have contact with children or adults who may be vulnerable).

Monitoring health & safety and responding to risks

There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a range of policies and procedures in place relating to safe working practices. These included health and safety, fire safety, control of substances hazardous to health and legionella and infection control. There was an up to date fire risk assessment and we saw documentary evidence to demonstrate regular fire drills were taking place.

Infection control

There was a separate decontamination room that was set out in accordance with guidance published by the Department of Health namely 'Health Technical Memorandum 01-05 Decontamination in primary care dental practices' (HTM 01-05).

There was a nominated decontamination lead who was responsible for carrying out the six monthly infection prevention and control audits. Daily and weekly tests were kept of sterilisation cycles and the records demonstrated that the equipment was in good working order. There were service contracts in place to ensure the equipment was maintained in accordance with the manufacturer's guidelines.

All clinical staff were aware of the work flow in the decontamination room from 'dirty' to 'clean' areas. There was a separate hand washing sink for staff, in addition to two separate sinks for decontamination of dental instruments. The procedure for cleaning, disinfecting and sterilising the instruments was clearly displayed to guide staff.

The infection control lead explained the decontamination process. Used instruments were transferred from the treatment rooms in sealed boxes to minimise the risk of cross contamination. Staff wore personal protective equipment (PPE) such as apron, face visor and heavy duty gloves. Instruments were cleaned and checked under an illuminated magnifying glass to check for any remaining debris, instruments were then placed into an autoclave to

be sterilised. An autoclave is a machine using high temperatures and pressure to sterilise instruments. Sterilised instruments were correctly packaged, sealed, stored and dated with an expiry date.

There were adequate supplies of liquid soap and paper hand towels in the decontamination room and treatment rooms and a poster describing good hand washing techniques was displayed above the hand washing sinks. Paper hand towels and liquid soap was also available in the toilet.

There was a legionella risk assessment in place and the water tanks had been inspected in March 2016. Regular water temperature testing and flushing of water lines was carried out to minimise the risk to patients and staff of developing Legionnaires' disease. (Legionella is a germ found in the environment which can contaminate water systems in buildings).

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection. We saw from staff training records that all staff had received infection control training.

Equipment and medicines

We reviewed the maintenance file and saw service contracts were in place to ensure annual servicing and routine maintenance of equipment used in the practice. The air compressor and the autoclaves were serviced in December 2015. We saw there was a landlord's gas safety certificate dated June 2015.

The practice had carried out a two yearly portable appliance testing (PAT) in 2014. We saw a five yearly test had been undertaken on the fixed electrical appliances such as electrical wiring in 2014 with a retest due in 2019.

Radiography (X-rays)

We reviewed the radiation protection file and found this was well maintained. A Radiation Protection Adviser (RPA) and Radiation Protection Supervisors (RPS) had been appointed in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation (Medical Exposure) Regulations 2000 (IRMER).

We noted all X-ray equipment had been registered with the local Health and Safety Executive in line with IRMER regulations. Records showed the last time the X-ray equipment was tested and serviced was January 2016.

Are services safe?

The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used. We saw evidence that staff responsible for taking X-rays had received training. X-rays were graded and audited.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists worked in accordance with current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them.

We reviewed two dental care records and found patients received an assessment in line with recognised guidance from the National Institute for Health and Clinical Excellence (NICE) and General Dental Council (GDC) guidelines. This included an examination covering the soft tissues of the mouth, the teeth, gums and a check for any signs of mouth cancer. We found that a detailed medical history had been taken when patients joined the practice and this was reviewed at each visit to ensure there were no changes.

Health promotion & prevention

We found the dentists were applying guidance issued in the DH publication 'Delivering better oral health: an evidence-based toolkit for prevention' when providing preventive oral health care and advice to patients. This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Products such as toothbrushes and high fluoride toothpaste were available for patients to purchase at the practice. We spoke with patients who confirmed they were provided with advice on sugary drinks and food, smoking cessation and maintaining good oral hygiene.

Staffing

Newly recruited staff completed a period of induction to ensure they were familiar with the practice policies and procedures. Essential training such as health and safety, infection control, disposal of clinical waste, medical emergencies, COSHH and confidentiality formed part of the induction. The staff we spoke with told us that the practice manager and dentists were supportive, approachable, and always available for advice and guidance.

Staff told us they were encouraged to maintain the continuing professional development (CPD) which was a requirement of their registration with the General Dental Council (GDC). The GDC is the statutory body responsible for regulating dentists, dental therapists, dental hygienists and dental nurses.

Working with other services

Patients were referred to other dental professionals/hospitals when the practice was unable to provide the necessary treatment themselves. For example, where oral cancer was suspected the practice used an electronic referral form and patients were seen within two weeks in line with current NHS guidelines.

The practice completed referral forms or letters to ensure the specialist service had all the relevant information required. Once treatment was completed patients were referred back to the dentist for on-going care and treatment. We looked at dental care records that contained details of the referrals made and the outcome of the treatment provided.

Consent to care and treatment

The patients we spoke with were satisfied that their dentist had given them enough information for them to make an informed decision about treatment. The practice obtained verbal consent and asked patients to sign consent forms for some dental procedures to indicate they understood the treatment and risks involved.

The dentists and dental nurses we spoke with were aware of their responsibilities in relation to the Mental Capacity Act (2005). 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 themselves.

Staff were aware of and understood the Gillick competence test. The Gillick test is a method of deciding whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 16 patients via completed CQC comment cards and through speaking with patients. All of the feedback we received was very positive about the professional, caring, polite and helpful attitude of staff. Patients we spoke with on the day of the inspection told us they were without exception treated with respect by all staff.

The staff we spoke with were aware of their responsibilities to protect patient information. Staff were able to explain their role in relation to data protection and how they maintained patient confidentiality.

Electronic dental care records were kept securely; password protected and backed up to secure storage. No dental care records were located where they could be seen or accessed or viewed by anyone visiting the practice.

Involvement in decisions about care and treatment

The principal dentist told us they used a number of different methods including tooth models, images and X-rays to demonstrate the various treatments available to ensure patients fully understood their options.

Patients that we spoke with confirmed that they were involved in making decisions about their care and treatment. They told us the treatment options and costs were explained to them and they were given as much time as they needed to make an informed decision.

Private and NHS price lists were also on display in the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

There was an efficient appointment system in place to respond to patients' needs with vacant appointment slots available each day to accommodate patients with dental emergencies.

Staff told us in advance of patient appointments they checked any laboratory work such as crowns and dentures had been received to avoid unnecessary visits and delays in treatment.

Tackling inequity and promoting equality

The practice is situated on the first floor of a commercial property which is accessed via a flight of stairs and as such was not accessible to people with restricted mobility or wheelchair users. People requiring level access were signposted to local dental practices that occupied ground floor premises.

There was a whistleblowing policy that directed staff on how to raise concerns about a colleagues work practice. The staff we spoke with told us they would be supported by the principal dentist and practice manager should they have cause to raise such concerns.

The practice manager told us that they had very few patients who did not speak English. Where a patient had

English as a second language they were able to bring a friend or relative with them alternatively the practice had access to a translation service which is arranged in the practice.

Access to the service

The practice opening hours were Mondays 8.30am to 7pm, Tuesday, Wednesday and Thursday 8.30am to 6pm and Friday 8.30am to 1pm. The opening hours were displayed in the practice and on the practice website.

An answer phone message and the website detailed how patients could access emergency treatment when the practice was closed.

Concerns & complaints

The practice had a detailed complaints policy which provided staff with information about handling formal and informal complaints from patients. The policy included contact details of other organisations patients could contact if they were not satisfied with the outcome of the practice investigation. We saw documentary evidence to demonstrate that policies were kept under review with the most recent review taking place in 2015.

There had been two complaints received in the past 12 months both of these had been dealt with in accordance with the complaint policy.

Are services well-led?

Our findings

Governance arrangements

There were clear lines of accountability within the practice with a number of lead roles in relation to governance. These included safeguarding and infection prevention and control. Staff commented they felt included in the day to day running of the practice and thought the leadership was effective.

The practice manager and principal dentist shared responsibility for the day to day running of the practice. The practice held meetings where issues such as policies and protocols, complaints, and training were discussed. Staff felt they could raise issues at any time with the principal dentist or practice manager without fear of discrimination. All staff told us it was a relaxed and enjoyable environment in which to work.

A range of policies and procedures were in place to support staff, and there was a system of audits to monitor various aspects of care delivery. These included health and safety, infection prevention and control, needle stick injury and safeguarding people. Policies were frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them.

There was a system of clinical and non-clinical audits in place. The practice had also audited the use of x-ray images for quality control purposes. We saw a risk assessment in place for fire safety and a legionella risk assessment had been undertaken and acted upon to minimise risks.

We saw the computer records were password protected to ensure confidentiality of personal data which complied with the Data Protection Act 1998.

Leadership, openness and transparency

The staff we spoke with told us there was a transparent culture which encouraged candour, openness and honesty.

They told us they were confident any concerns they had would be listened to and addressed by the principal dentist or practice manager. We found there was a system of annual staff appraisals to support staff in carrying out their roles.

Learning and improvement

Regular staff meetings were held and staff told us there were informal daily discussions about work related issues. Training records at the practice showed that staff had the opportunity to complete the required number of CPD hours in line with requirements set by the General Dental Council (GDC).

Clinical and non-clinical audits were used to identify where improvements to the service could be made. Infection control audits were being carried out twice a year in accordance with Health Technical Memorandum 01-05 (HTM 01-05): Decontamination in primary care dental practices.

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

Patients were able to leave comments on the practice website, the NHS choices website and via the NHS Friends and Family test (FFT). The FFT is a method of gathering feedback from patients to check they were happy with the service provided and if they would recommend the practice to their friends and family.

We reviewed some of the feedback and found patients were extremely satisfied with the services provided. They were complimentary about the staff, and the quality of the treatment they received.

Staff were encouraged to make suggestions or raise issues during staff meetings or at the daily meetings. The appraisal system was also a forum for staff to have their say about the service.