

Dr. Gursharan Kalsi

Lancaster House Dental Practice

Inspection Report

7 Lancaster Road
South Norwood
SE25 4BJ
Tel: 020 8771 2020
Website: lancasterhousedental.co.uk

Date of inspection visit: 30 August 2016
Date of publication: 10/10/2016

Overall summary

We carried out an announced comprehensive inspection on 30 August 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

Lancaster House Dental Practice is a mixed NHS and private dental practice in Croydon. The practice has four dental treatment rooms and two separate decontamination rooms for cleaning, sterilising and packing dental instruments. Also included were a reception and waiting area.

The practice is open 9.00am – 5.30pm Monday, Tuesday, Thursday and Friday; 9.00am to 7.00pm Wednesdays and 9.00am to 1.00pm Saturdays. The practice has six dentists, two oral surgeons, two dental hygienists, five dental nurses, two receptionists, one administrator and a systems administrator.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual '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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 26 patients. These provided a positive

Summary of findings

view of the services the practice provides. Patients commented on the high quality of care, the friendliness and professionalism of all staff, the cleanliness of the practice and the overall high quality of customer care.

Our key findings were:

- Staff had been trained to handle medical emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- Infection control procedures were robust and practice staff were carrying out infection control audits periodically.
- The practice had a safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances. Some of the information relating to safeguarding was outdated.
- The practice had a system in place for reporting incidents which the practice used for shared learning.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff recruitment files were organised.
- There was a structured approach to learning and development and clinical staff were up to date with their clinical professional development.
- Staff we spoke with felt well supported by the leadership team and were committed to providing a quality service to their patients.
- Information from 26 completed Care Quality Commission (CQC) comment cards gave us a positive picture of a friendly, caring, professional and high quality service.

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

- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff. Lessons learnt were discussed amongst staff. Appropriate pre-employment checks were carried out.

Dental instruments were decontaminated suitably. Medicines were available in the event of an emergency. Regular checks were undertaken to monitor expiry of medicines. There was medical oxygen and staff had access to an automated external defibrillator (AED) in the event of a medical emergency. Staff were handling sharps safely however some of the procedural information was not up to date.

No action



Are services effective?

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Referrals were made appropriately. Staff were up to date with their CPD requirements.

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

No action



Are services caring?

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

We received feedback from 26 patients. Feedback from patients was very positive. Patients stated that they were involved with their treatment planning and were able to make informed decisions. They commented that staff were friendly, caring and showed empathy.

We saw examples of equipment used to make the patient experience more comfortable and considerate of patients' needs. Patients referred to staff as professional and treating them with dignity and respect.

No action



Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those into account in how the practice was run. Patients could access treatment and urgent care when required. The practice provided patients with written information about services and costs.

No action



Summary of findings

The practice had level access into the building for patients with mobility difficulties and families with prams and pushchairs.

There were systems in place for patients to make a complaint about the service if required. A notice was displayed in the reception area and information also on their website.

Are services well-led?

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

The practice held various meetings including business meetings; clinicians meetings; nurse meetings; and administration team meetings. Staff told us they were happy with the way information was shared with them and arrangements that existed for them to be informed. Audits were being conducted regularly. Staff told us they were confident in their work and felt well-supported.

Governance arrangements were in place for the management of the practice. Risk assessments and servicing of equipment was being carried out.

No action



Lancaster House Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection was carried out on 30 August 2016 by a CQC inspector who was supported by a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with two dentists, three dental nurses, two trainee dental nurses, and two

receptionists, the systems administrator and the general administrator. We also reviewed policies, procedures and other documents. We reviewed 26 comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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

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

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

Are services safe?

Our findings

Reporting, learning and improvement from incidents

Staff we spoke with demonstrated an awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). Staff were required to read the RIDDOR guidance and sign to confirm they had read and understood. We reviewed the log and saw that all staff had read the guidance in the last six months.

Staff we spoke with were aware of incident and accident reporting procedures including who and how to report an incident to. There had not been any accidents in the practice in the last 12 months. We reviewed the accident book and saw the last reported accident had been recorded appropriately. Details of the occupational health were readily available to all staff.

We spoke with staff about the handling of incidents. There had been one significant event. The event was recorded outlining the immediate action that was taken, follow up action and actions for how to minimise a further similar event occurring. We also discussed the Duty of Candour with the principal dentist. Their explanation was in line with the duty of candour expectations. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). The principal dentist received all safety alerts and shared them with staff via email or discussed them at team meetings.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. The policy outlined who the practice lead was and how to report a safeguarding concern internally. Information was available in the practice that contained telephone numbers of whom to contact outside of the practice if there was a need, such as

the local authority responsible for investigations. Some of the information was out of date; however staff told us they were in the process of updating all safeguarding contact details. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

Training records showed that staff had received recent safeguarding training for both vulnerable adults and children.

The dentists in the practice were following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured].

Medical histories were reviewed at each subsequent visit and updated if required. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED) a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm. Staff had received training in how to use this equipment. Staff checked that the equipment was in working order every week. Logs were maintained of the checks.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen cylinder we saw were all

Are services safe?

in date and stored in a central location known to all staff. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell. Checks were carried out to the emergency medicines every week.

Staff recruitment

There was a full complement of the staffing team. The team consists of six dentists, two oral surgeons, two dental hygienists, six dental nurses, two receptionists, a systems administrator and a general administrator.

All relevant staff had current registration with the General Dental Council the dental professionals' regulatory body. The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. For example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. We reviewed 10 staff files and saw that all files were up to date with relevant information. We saw that all staff had received appropriate checks from the Disclosure and Barring Service (DBS). These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. They had recently renewed the checks and were awaiting the paperwork at the time of our inspection.

Monitoring health & safety and responding to risks

The practice had a health and safety policy which had been updated in June 2016. The policy outlined the leads for certain areas of health and safety such as radiation protection, COSHH, maintenance and equipment.

The practice manager told us that they completed general risk assessments on a monthly basis. The lead person for carrying out the risk assessments explained how they carried out the risk assessment. They confirmed that they covered all general areas such as trips, falls and fire hazards. Improvements could however be made to ensure the risk assessments process comprehensively identified and documented risks in all areas of the practice. The practice advised us that they would make the form more comprehensive to ensure all details were captured.

There was a fire risk assessment undertaken by an external contractor on 22 January 2013. The assessment highlighted areas of improvements and had an associated action plan. Staff told us that all the actions had been completed. The

practice also carried out their own fire risk assessments on a monthly basis. Fire safety procedures in place included weekly checks to fire equipment including extinguishers and smoke detectors and fire drills every six months. There were two appointed fire wardens. All staff had completed fire safety training with the fire warden.

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 nurses was the infection control lead.

There were two decontamination rooms with clear end to end flow of "dirty" to "clean". There were three sinks in each of the decontamination rooms in line with current guidance.

One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This included manually cleaning; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

There were three autoclaves. The logs from the autoclaves provided evidence of the daily, weekly and monthly checks and tests that were carried out on the autoclaves to ensure they were working effectively.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in each surgery and the external clinical waste bin was stored appropriately until collection by an external company, every month (for which we saw the consignment notes).

There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice.

The surgeries were visibly clean and tidy. We were told the dental nurses were responsible for cleaning all surfaces

Are services safe?

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. An external company carried out the domestic cleaning. Staff also undertook the domestic cleaning at the practice. We observed all areas of the practice to be clean and tidy on the day of our inspection.

The practice carried out their own Legionella risk assessment and conducted dip slide testing quarterly and water temperature monitoring monthly. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Taps were flushed daily in line with recommendations and water temperatures were monitored monthly.

The practice was carrying out regular infection control audits. We reviewed the last audit completed in May 2016.

Equipment and medicines

The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in July 2016. Contracts were in place for the servicing of equipment. There were three autoclaves and they were serviced every six months. We saw the records of the

servicing conducted in February and July 2016. The compressor was last serviced in July 2015. The principal dentist told us it was serviced every 14 months and was due for servicing next in September 2016.

Radiography (X-rays)

The practice had a radiation protection file. The principal dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

There were four X-ray and one OPG machine. (An OPG (or orthopantomogram) is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth. It is normally a 2-dimensional representation of these). The radiation protection file evidenced that the equipment had been serviced in October 2015. All the dentists had completed Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 (IRMER) training.

The practice was carrying out individual audits of each X-ray as well as radiography audits every six months. The last set of audits was completed in May 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists carried out consultations, assessments and treatment in line with recognised general professional guidelines. The dentists we spoke with described how they carried out their assessment of patients for routine care. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits.

This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. A treatment plan was then given to patients and included the cost involved. All of this information was input on a standard screen and all dentists were required to complete each step before they could progress. The principal explained that the system was designed to ensure that no step of the assessment was missed or omitted.

Dental care records that were shown demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (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). These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

We saw evidence that clinicians in the practice were proactive with giving patients health promotion and prevention advice.

Preventative advice included tooth brushing techniques explained to patients in a way they understood and dietary, smoking and alcohol advice was given to them where appropriate. This was in line with the Department of Health guidelines - 'Delivering Better Oral Health'. ('Delivering better oral health' is an evidence based toolkit used by

dental teams for the prevention of dental disease in a primary and secondary care setting). Dental care records we observed demonstrated that dentists had given oral health advice to patients. A range of dental hygiene products to maintain healthy teeth and gums were available for patients; these were available in the reception area. Underpinning this was a range of leaflets available to patients explaining how patients could maintain good oral health.

Staffing

All clinical staff had current registration with their professional body, the General Dental Council. We saw example of staff working towards their continuing professional development requirements, working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years].

Working with other services

The practice had processes in place for effective working with other services. There were standard templates for referrals such as orthodontists, implants and oral surgery. All referrals were either faxed or posted and patients were given a copy of the referral.

Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records.

Consent to care and treatment

We spoke with staff about how they implemented the principles of informed consent. The dentist had a very clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were discussed with each patient and then documented in a written treatment plan. Payment options were given to patients prior to the start of their treatment.

Most staff demonstrated sufficient knowledge of understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. Some staff did not demonstrate full understanding, although they had a basic awareness. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions

Are services effective?

(for example, treatment is effective)

on behalf of adults who lack the capacity to make particular decisions for them]. Dental care records we checked demonstrated that consent was obtained and recorded appropriately.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Treatment rooms were situated away from the main waiting areas and we saw that doors were closed at all times when patients were with dentists. Conversations between patients and dentists could not be heard from outside the treatment rooms which protected patient's privacy. Dental care records were stored electronically and in paper form. Computers were password protected. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We collected 26 completed CQC

patient comment cards. These provided a positive view of the service the practice provided. All of the patients commented that the quality of care was good. Patients also commented that treatment was explained clearly and the staff were caring, professional and put them at ease. During the inspection, we observed staff in the reception area and they were polite and helpful towards patients.

Involvement in decisions about care and treatment

The patient feedback we received confirmed that patients felt involved in their treatment planning and received enough information about their treatment. Patients commented that things were explained well, they were given copies of their treatment plans, and they were provided with treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Practice staff gave us various examples of how they responded to patients' needs. For example reception staff assisted older and vulnerable patients to complete medical history forms and they scheduled appointments at particular times of days for vulnerable patients avoiding busy periods.

Another example the practice gave us was the implementing of a ramp for easier access. The principal dentist told us that many of their patients had been with the practice for over twenty years. With increasing age these patients had been experiencing problems with their mobility. They had responded to the changing needs of their patient population by installing a ramp so that wheelchair users and people with mobility difficulties could get in to the building without discomfort.

The practice reserved slots every day in the afternoon to accommodate emergency and non-emergency appointments. If a patient had a dental emergency they were asked to attend the surgery and would be seen as soon as possible.

Tackling inequity and promoting equality

The local population was very diverse with a mix of patients from various cultures and background. The staff team was diverse as well and staff spoke different languages which included Punjabi, Scottish, Polish, Chinese and Zimbabwean. They also had access to language line facilities.

The practice was set out over three levels. One surgery was on the ground floor and three were on the second floor.

Staff offices were on the top floor. The building was wheelchair accessible via a ramp at the rear of the building. Staff told us they tried to ensure patients' needs were accommodated and if patients raised any concerns they always did their best to manage those issues.

Access to the service

The practice was open 9.00am to 5.30pm Monday, Tuesday, Thursday and Friday and Wednesdays 9.00am to 7.00pm and 9.00am to 1.00pm on Saturdays. Patients were able to access urgent or emergency care when the practice was closed through the NHS '111' service. This information was publicised on the telephone answering machine when the practice was closed and there was also a poster on the front door of the practice.

The principal dentist told us that people were usually seen in a timely manner and waiting times were generally good. If the dentist was running late, staff always informed any patients who were waiting and apologised to them.

Concerns & complaints

At the time of our visit there had been four complaints made in the past 12 months. We reviewed the complaints and saw they were handled in line with the organisation's policy. Details of the complaint were recorded on a complaints record sheet. The sheet outlined the nature of the complaint, follow up action taken and anything that could be done to prevent or minimise the chance of it happening again.

We also saw that the practice learnt from complaints. One of the complaints we reviewed had the learning outcome documented and this was to be clearer with patients about the emergency appointments procedure.

Are services well-led?

Our findings

Governance arrangements

The practice maintained a system of policies and procedures. Policies were reviewed periodically. Policies included health and safety, staffing and recruitment. Staff were familiar with the policies and knew how to locate them on the system.

Staff told us that audits completed over the last 12 months included audits on patient satisfaction, antibiotic prescribing, dental care records, infection prevention and control, radiographs and a disability access audit. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said they felt comfortable about raising concerns with the principal dentist. The practice had set values for all staff to work towards to ensure they were always putting patients first.

Practice business meetings were held quarterly with all the dentists. The aim of this meeting was to discuss the contractual delivery of the practice and ensure leadership was clear, united and working towards a shared vision for the practice.

We discussed the Duty of Candour requirement in place on providers with staff and they demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients and staff. The explanations were in line with the expectations under the duty of candour.

Learning and improvement

The practice held various staff meetings which included six weekly reception and nursing staff meetings, clinicians' meetings every 2 months and a practice business meeting every quarter. Staff told us the meetings were very useful for learning and development purposes. We reviewed a sample of minutes from the various meetings. Topics discussed included results of the NHS Friend and Family test - a feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience, infection control updates, CQC update. Issues such as the practice values and vision were also discussed with a focus on improving the service to patients at the centre of the meeting agenda. Significant events and complaints were standard agenda items.

Staff appraisals were held annually. We reviewed a sample of appraisals and saw that clear objectives were set with development goals.

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

The practice carried out patient surveys periodically as well as participating in the Friends and Family test (FFT).

We reviewed the results of the last survey which was collated in February 2016. They received 12 responses to the survey. Results were very positive with all patients rating the practice as outstanding for making them feel welcome and explaining choices. No negative feedback was recorded. No recommendations were made by patients for improvements.

Results from the FFT were also very positive. There were 19 completed feedback forms in June and 18 in July 2016. The vast majority of patients said they were "extremely likely" to recommend the practice.