

## New Cross Dental Practice

# New Cross Dental Practice

## Inspection Report

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Date of inspection visit: 12 October 2015

Date of publication: 03/12/2015

### Overall summary

We carried out an announced comprehensive inspection on 12 October 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

New Cross Dental Practice is located in the London Borough of Lewisham and provides a mix of NHS dental services and services to private patients. The

demographics of the practice were mixed, serving patients from a range of social and ethnic backgrounds. The practice is open Monday to Saturday with a range of opening times including evening appointments. The practice facilities include five consultation rooms, reception and waiting area, decontamination room, staff room and administration office. The premises are wheelchair accessible and have facilities for wheelchair users, except for an accessible toilet.

We received five completed Care Quality Commission comment cards; but did not get an opportunity to speak with any patients during the inspection[DA1]. Patient feedback was positive about the service. They told us that staff were friendly and polite and always treated them with respect. They described the service as professional and working to an excellent standard. Information was given to them appropriately and staff were helpful to assist if needed.

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.

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

# Summary of findings

- Patients' needs were assessed and care was planned in line with current guidance.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There were effective processes in place to reduce and minimise the risk and spread of infection.
- There were appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies. Staff knew where equipment was stored.
- All clinical staff were up to date with their continuing professional development.
- There was appropriate equipment for staff to undertake their duties, and equipment was maintained appropriately.
- Appropriate governance arrangements were in place to facilitate the smooth running of the service, including a programme of audits for continuous improvements.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

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

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

### **Are services effective?**

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

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

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

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

### **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 feedback from five patients via completed Care Quality Commission comment cards. Patients were complimentary about staff, describing them as friendly and caring. Patients stated that they were involved with their treatment planning and able to make informed decisions and that staff acted in a professional manner and were helpful. Staff told us the adjustments they made to ensure patients privacy was maintained and how they responded to patients when they were in pain or distressed.

### **Are services responsive to people's needs?**

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

Patients had access to the service which included information available via the practice website. There was a practice leaflet with relevant information for patients. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours details of the '111' out of hours service and local hospital were available for patients' reference.

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

# Summary of findings

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

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

Governance arrangements were in place for effective management of the practice. Staff meetings were held frequently and minutes taken of the meetings. Leadership structures were clear and managers and staff displayed the aims and goals of the practice mission statement. Opportunities existed for staff for their professional development. Audits were being used to improve the practice and staff we spoke with were well-trained, confident in their work and felt well-supported.

# New Cross Dental Practice

## Detailed findings

### Background to this inspection

The inspection took place on the 12 October 2015 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website.

The methods used to carry out this inspection included speaking with the dentists, dental nurses, reception staff and the practice manager on the day of the inspection, reviewing documents, completed patient feedback forms 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 systems in place to receive safety alerts by email and ensure they were shared with staff working in the practice. This included forwarding them to relevant staff and also printing them and leaving them in a central location for all staff reference. This included alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England updates.

The practice had an incidents and accident reporting procedure. All incidents and accidents were reported in the incident and accident books. There had been two accidents in the past 12 months. We reviewed them both and saw that the practice manager had taken the appropriate action to make staff aware of what had happened and put procedures in place to reduce the risk of it occurring again. All staff we spoke with were aware of reporting procedures including who and how to report an incident to. We saw that the handling of the incident that related to a patient was in line with the duty of candour expectations. The person affected was updated, received an apology and informed of the action taken. [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].

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

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

One of the principal dentists was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. Dentists had completed child protection training up to the appropriate level as had the nurses and administration staff. All staff had also completed adult safeguarding training. Details of the local authority safeguarding teams were readily available to staff, as were the relevant safeguarding

escalation flowcharts and diagrams for recording incidents. All staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

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 and protect the airway].

The system for managing medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Their full name, address and contact details were also included. Medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately. The signed form would be scanned and recorded as part of each patient's computer records. To ensure that information was always up to date, reception staff were instructed to request patients to complete a new medical history form at the beginning of a new course of treatment. This allowed the dentists to have current information readily available to them.

### Medical emergencies

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

# Are services safe?

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

## Staff recruitment

There was a full complement of the staffing team. The team consisted of six dentists, three dental nurses, three trainee dental nurses, three receptionists and the practice manager. We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations. All staff had a disclosure and barring services check completed and where relevant had to provide immunisation proof. We reviewed staff files and found that all appropriate checks and documents were present.

## Monitoring health & safety and responding to risks

The practice had a health and safety policy and was carrying out risk assessments to ensure they were prepared to respond to safety issues. This included carrying out a generic premises risk assessment in January 2015 and health and safety risk assessment in December 2014. We saw that risks and hazards were highlighted and were risk scored. Where actions were required they were noted on the risk assessment. For example the practice had identified that they needed to relocate some electrical sockets in the reception area and also improve signage whilst they were getting some building work completed.

There was a business continuity plan that outlined the intended purpose to help them overcome unexpected incidents and the responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. Procedures were in place to enable them to respond to each situation. Where relevant contact telephone numbers of organisations to contact were listed in the policy.

A self-assessment fire risk assessment had been completed on the 16 February 2015. The fire alarm was tested every month and serviced every six months. Fire drills were conducted every two to three months. An external fire risk assessment had been carried out in December 2013 and

was due to be completed again soon. The practice manager explained that due the refurbishment work that was being completed they had decided to wait until it was concluded before re-booking it.

## Infection control

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

There was a designated decontamination room which had a clear flow from dirty to clean to minimise the risks of cross contamination. 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 carrying used instruments in a lidded box from the surgery; manually cleaning; placing in an ultrasonic bath; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry was clear.

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 recommendations.

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 was stored appropriately and collected every two weeks by an external company.

The surgeries were visibly clean and tidy. There were appropriate stocks of personal protective equipment for both staff and patients such as gloves and disposable aprons. There were enough cleaning materials for the practice. Wall mounted paper hand towels and hand gel was available as were clinical waste bins.

The dental nurses cleaned all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/evenings. The practice had a cleaning schedule that outlined all the areas to be covered by the cleaners.

# Are services safe?

A Legionella risk assessment had been carried out in September 2014 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Water temperature checks were completed every month to water lines in the surgeries, toilets and decontamination room. Purified water was used in dental lines and managed with a purifying solution. Taps were flushed daily in line with recommendations.

The practice had carried out an infection control audit in March and September 2015. Areas for improvement had been identified and there was an action plan in place to rectify them.

## **Equipment and medicines**

There were appropriate arrangements in place to ensure equipment was maintained. There were service contracts in place for the maintenance of equipment such as the autoclave, compressor and smoke alarms. The compressor had been inspected in February 2015 and certified as passed. We saw documents confirming that appropriate

servicing was taking place annually. The autoclave was serviced in July 2015. The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in February 2015. The smoke detectors and fire alarms were serviced in January 2015. Medication was stored appropriately in a secure location.

## **Radiography (X-rays)**

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of x-ray equipment.

One of the dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). We saw evidence that dentists had completed radiation training.

Dentists were carrying out individual audits on an on-going basis; six monthly audits were being completed on all dentists' X-rays. We saw the records of the audits completed in September 2014 and February and September 2015.



# 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.

During the course of our inspection we checked a sample of 18 dental care records from all the dentists to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra- and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.

We reviewed treatment plans and they evidenced that patients were involved in decisions and understood treatment. Plans were completed by the dentists outlining the diagnosis, completing the diagram of the affected tooth/ teeth and plans were signed by patients.

### Health promotion & prevention

Staff told us that information and advice relating to health promotion and prevention was given to patients during consultations. This included going through teeth brushing techniques, fluoride application and dietary and smoking matters. All staff were proactive in promoting good oral health and the dentists told us that they also visited local schools to give oral health promotion advice.

Printed information was available for patients in the waiting area. This included leaflets relating to smoking cessation and oral health care.

### Staffing

Opportunities existed for staff to pursue development opportunities. The practice manager monitored staff training needs and required staff to frequently provide evidence of the training attended for their continuing professional development.

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, 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 every five years].

We reviewed staff files and saw that staff had completed the appropriate training and had relevant qualifications to enable them to provide treatment and care to patients. Where training was outstanding we saw that it had been planned for the coming months.

### Working with other services

The provider had arrangements in place for working with other health professionals to ensure quality of care for their patients. A template was in place for referring patients to local hospitals and other services. The dentists had a list of the referral criteria for treatments which they showed to patients so that they understood why they were being referred or why they did not meet the criteria to be referred on the NHS.

Letters were sent to the referral agency and patients were given a copy of their referral letter so they could follow-up if they wanted to. Copies of the referral letter, replies from the hospital were scanned onto the patient's record to ensure all information was kept together.

### Consent to care and treatment

The practice had consent forms for treatments such as use of photos, tooth whitening and root canal. Consent for routine treatment and check-ups was usually obtained verbally. Staff confirmed that consent was given verbally in most instances and this was recorded in the patient's record. We checked dental care records and saw that verbal consent was documented in patients' notes and written consent forms were also on file.

All staff whom we spoke with demonstrated understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. They gave us examples of when the MCA

# Are services effective?

(for example, treatment is effective)

could be used and how the role related to them in their role. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them].

# Are services caring?

## Our findings

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

We received feedback from five patients via Care Quality Commission comment cards. Feedback was very positive. Staff were described as providing an excellent service and professional. They commented that they were treated with dignity and respect and showing compassion. Staff told us that they ensured they maintained patients' privacy and dignity during consultations by closing doors and asking if they were comfortable. During our inspection we observed staff being respectful by ensuring that the door was always closed and conversations could not be overheard in the surgery.

We observed staff interaction with patients in the waiting room and saw that reception staff interacted with patients in a respectful and friendly manner.

Patients' information was held securely electronically. All computers were password protected with individual login requirements.

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

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that things were explained well and staff tried to ensure that they understood the treatment being offered. Patients told us that treatment options were discussed with the benefits and consequences pointed out. They also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dental care records we checked also demonstrated that people were involved in planning because it was documented in their clinical notes. For example we saw that the consequences and benefits of treatment were explained and the options available to them for treatment were also outlined. Patients had signed treatment plans confirming they had been told about their treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

We discussed with the practice manager, how the practice responded to the needs of their patients. The practice manager gave us various examples where they had planned the service to meet the needs of patients. This included recently changing their opening times and offering appointments until 7.00pm Monday to Thursday and opening on Saturdays. They had also recently redeveloped one of the surgeries and adapted it make it larger and changed the chair, directly as a result of responding to patients needs.

Emergency appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had an emergency they were asked to come in, and would be seen as soon as possible.

### Tackling inequity and promoting equality

The patient population was diverse with patients from a range of social, ethnic and economic backgrounds.

The staff team was multi lingual with staff speaking a range of languages including Spanish, Romanian, Polish, Hindi and Gujarati. Staff told us that there were patients who spoke these languages and staff were able to communicate with them. The practice also had access to interpreters through NHS, and could arrange for them to attend with patients if required.

The building was set out over three levels and the entrance was step free. Surgeries on the ground floor were wheelchair accessible however the patients' toilet was not. The practice manager told us that part of the refurbishment works was looking at ways they could make the whole practice more accessible.

Medical histories, consent forms, practice leaflets and treatment plans were all available in standard and large print font so they were accessible and reduce inequality amongst patients accessing and providing information.

### Access to the service

There was a practice website with information about the practice, treatments on offer, payment options, opening times and contact details. There was also a practice leaflet with the same information.

Appointments were booked by calling the practice, booking online or in person by attending the practice. In the event of a patient needing an appointment outside of the opening times, patients were directed to call the out of hours '111' service (via information on their website and a recorded message on the practice answer machine).

Staff told us that appointments generally ran to time and if the dentist was running behind time they always let patients know.

### Concerns & complaints

The provider had a complaints policy and procedure in place. The policy included receiving, handling and resolving complaints. Details about how to make a complaint and complaints handling were also in the patient practice leaflet and complaints procedure which was available for patients in the waiting area.

At the time of our visit there had been one complaint in the past 12 months. The practice manager went through the complaint with us and their explanations were very thorough and in line with their policy. The practice also maintained a record of verbal and informal complaints. This included if a patient made a comment about waiting times and when patients reported that amenities in the toilets were not stocked.. The practice manager explained that it was important to them to capture all feedback from patients that were even minor complaints so they could use these for learning and improving the practice.

The practice carried out an annual audit on complaints looking for themes and trends to improve the service.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had a range of policies to ensure the smooth running of the service. This. We saw that there was a system in place for policies to be reviewed periodically. We reviewed staff induction records and saw that part of the induction process included going through and familiarising themselves with the policies. The practice manager explained the importance of ensuring staff understood governance arrangements and staff were encouraged to keep up to date with the policies and procedures through the staff meetings.

The practice had a programme of audits in place. Various audits had been completed over the past 12 months and included audits on record keeping, care standards, patient involvement, disability and access, radiography and on human resource. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. For example the record keeping audit identified that staff need to be more accurate when completing medical history form and noting cancer risks and smoking cessation.

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

The practice vision and aim was to deliver high quality, affordable and friendly dental care were outlined for patients on their website and in the patient leaflet. Manager and staff we spoke with were aware of the aims and spoke very proudly about the service.

Leadership was very clear in the practice and we saw clear examples where they lead by example and promoted an atmosphere of openness amongst staff. We discussed the duty of candour requirement in place on providers and the principal dentist and the practice manager demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients and staff. For example they told us when treatment had gone wrong or a dentist made a mistake they were always honest with patients and told them giving a full explanation and apology. The explanations were in line with the expectations under the duty of candour. [Duty of candour is a requirement on a

registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

### **Learning and improvement**

The practice had processes in place to ensure staff were supported to develop and continuously improve. Appraisals were carried out annually for all staff including dentists. This process included setting objectives and highlighting areas for development. We reviewed staff appraisals and saw they supported learning outcomes. Training was usually self-identified however the practice also held “lunch and learn” sessions which were training sessions relevant for all staff to attend and conducted on a practice level.

Managers were proactive in promoting learning from incidents. The practice manager told us that incidents and complaints were discussed at team meetings. We reviewed team meeting minutes and saw that a recent complaint had been discussed and lessons learnt shared. They also conducted a communication refresher session for all staff to address the issue identified.

The practice held team meetings every two month. We saw the minutes of the last three meetings. We saw that issues relating to the practice were discussed such as issues with patients, practice issues and updates. The practice manager told us that minutes were always shared with staff.

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

The practice carried out patient satisfaction surveys on an on-going basis. Results were analysed monthly. We reviewed the results of recently completed forms and they were very positive and also outlined areas of improvements for the practice to consider. The practice manager gave us examples of areas of the practice that had been improved as a result of patient feedback. This included some of the refurbishment work that was occurring at the time of our visit that was a direct result of patient feedback.

## Are services well-led?

Staff we spoke with confirmed their views were sought about practice developments through the staff meetings. They also said that the practice manager was approachable and they could go to them if they had suggestions for improvement to the service.