

Arkh-View Surgeries Limited

Arkh-View Dental Centre Bromley

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 January 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

Arkh-view Dental Centre Bromley is located in the London Borough of Lewisham and provides predominantly NHS dental services. The demographics of the practice were mixed, serving patients from a range of social and ethnic backgrounds.

The practice staffing consists of two dentists, two dental nurses, a practice manager, a practice co-ordinator and a receptionist.

The practice is open from 9.00am to 6.00pm on Monday to Fridays. The practice is set on the ground floor and facilities include two consultation rooms, a reception and waiting area, decontamination room, X-ray room, staff room/administration office. The premises were wheelchair accessible and toilets were also wheelchair accessible.

The practice co-ordinator 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.

Summary of findings

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We received 25 completed Care Quality Commission comment cards. All the feedback we received from patients was very positive. Patients feedback indicated that staff were professional, caring and gave good explanations. They described the premises as being clean and tidy.

Our key findings were:

- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- The provider had emergency medicines and equipment in line with current guidelines for management of medical emergencies in dental practice.
- Dental instruments were decontaminated suitably.
- Appropriate pre-employment checks were carried out before staff commenced work in the practice.
- 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.
- All clinical staff were up to date with their continuing professional development (CPD).
- Appropriate systems were in place to safeguard patients from abuse.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- Governance arrangements were in place for the smooth running of the practice; the practice had a structured plan in place to audit quality and safety which included the audits for infection control and radiography.

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 and processes in place to ensure care and treatment was carried out safely, which included systems to receive safety alerts from external organisations and share them appropriately with staff. Systems were in place to ensure patients 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 we spoke with were aware of their responsibilities.

Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. Accidents were recorded appropriately. The practice undertook risk assessments and there were processes to ensure equipment and materials were maintained and safe to use. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency. Appropriate pre-employment checks were carried out before staff commenced work in the practice.

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. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately.

All clinical members of the dental team were meeting their requirements for continuing professional development. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. The practice maintained appropriate dental care records and patient details were updated regularly.

Are services caring?

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

Feedback from patients was positive and indicated that staff were friendly, professional, caring and treated patients with dignity. We received feedback from 25 patients via completed Care Quality Commission comment cards. Staff described their interactions with patients and gave examples of displaying compassion, dignity and respect.

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 leaflet and website. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours patients were directed to the '111' out of hours service or a local hospital. The building was wheelchair accessible.

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

Are services well-led?

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

Summary of findings

Governance arrangements were in place for effective management of the practice. Staff meetings were held frequently, however, improvements could be made to better document the discussions and action points. Opportunities existed for staff to develop. Audits were being conducted and demonstrated they were being used as a tool for continuous improvements. Staff we spoke with were confident in their work and felt well-supported.

Arkh-View Dental Centre Bromley

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 took place on the 18 January 2016 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, a dental nurse, receptionist and

the practice manager on the day of the inspection, reviewing documents, completed patient feedback forms and observations. We received feedback from 25 patients via completed Care Quality Commission comment cards.

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. All safety alerts were received by the practice co-ordinator and then passed onto the practice manager they were responsible for ensuring relevant staff were aware of them. This included alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England updates. We were shown an example of an alert from MHRA that was circulated to staff in October 2015.

At the time of our inspection there had been one accident in the past 12 months. We reviewed the documentation related to the accident and it had been handled in line with the practice policy. All accidents were logged in the accident book. We discussed accident and incident reporting with the practice manager and their explanations of how they were handled demonstrated that they had processes for staff to learn and improve from them. The explanation was also 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 manager demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) Regulations and had the appropriate documentation in place to record if they had an incident. There had not been any RIDDOR incidents, within the past 12 months.

Reliable safety systems and processes (including safeguarding)

One of the dentists was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. The policy had been updated in November 2015. We reviewed staff training records and saw that all staff had completed appropriate safeguarding training to the required level. Details of the local authority safeguarding teams were readily available to staff on the practice computer system. The relevant safeguarding escalation flowcharts and diagrams for

recording incidents were also available to staff. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The dentist 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. Rubber dams should be used when endodontic treatment is being provided. On the 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.].

The system for managing medical histories was comprehensive. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were reviewed at each subsequent visit and updated if required.

Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Medical emergencies drugs were stored securely and those requiring refrigeration were stored appropriately. Staff checked the medicines on a weekly basis and monitored expiry of medication. Staff also had access to emergency equipment on the premises including medical oxygen and an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. Staff told us they carried out checks to ensure equipment was in working order in the event of needing to use them.

Most clinical staff and all non-clinical staff had completed basic life support training in 2015 and the training 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

Are services safe?

There was a full complement of the staffing team. The team consisted of two dentists, two dental nurses, a receptionist and a practice manager and a practice co-ordinator.

The provider had a 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 (where applicable). We reviewed staff files and saw that all employed staff had had pre-employment checks carried out. DBS checks had been completed for all staff. (The DBS checks 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). The practice manager told us that candidates were always interviewed; however the records of interviews were not always held on staff files.

We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

Monitoring health & safety and responding to risks

The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice. This included hazardous substances, manual handling and infection control. There was a business continuity plan that outlined the intended purpose to help staff overcome unexpected incidents and their 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. Staff we spoke with were aware of the plan and felt confident that they know what to do in the event of an emergency.

A practice-wide risk assessment had been completed in November 2015. The risk assessment covered various areas including assessing health and safety risks in the premises and equipment. Action identified included having regular training and updates for infection control and carrying out visual checks. Staff confirmed that these actions had been completed.

Fire drills were conducted every six months and records were maintained to confirm this. Evacuation procedures were clearly displayed around the practice, and fire exits were clearly labelled. The fire alarm and fire extinguishers were tested weekly and records were maintained. An

external fire risk assessment had been carried out in October 2011. Areas identified that required action had been completed. The practice manager told us that they were due to have another external risk assessment carried out later in the month.

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 separate decontamination room. There were three sinks in the decontamination room; one for hand washing and the other two were used for cleaning dental instruments. 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.

We saw records of the daily and weekly checks and tests that were carried out on the autoclave and ultrasonic bath to ensure they were working effectively. This included water temperature checks, foil and protein tests and cleaning efficacy test.

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 were stored appropriately until collection by an external company, every week. Staff displayed good knowledge relating to safe use of sharps and dealing with sharps injuries. Needle stick injury posters were displayed in the surgeries.

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. Wall mounted paper hand towels was available. Hand gel was also available.

Are services safe?

The surgeries were visibly clean and tidy. External cleaning staff had been appointed for the domestic cleaning at the practice. Cleaning schedules were in place for the cleaning staff to follow. The dental nurse was responsible for cleaning 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.

A legionella risk assessment had been carried out on the 14 January 2016 (the previous test was completed in 2011). [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Purified water was used in dental lines and managed with a purifying solution. Taps were flushed daily in line with recommendations.

The practice carried out an infection control audit every six months in line with current guidance. We reviewed the last two conducted in January 2016 and August 2015. No additional activity was required from the most recent audit.

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was maintained. Service contracts were in

place for the maintenance of equipment including the autoclave, ultrasonic bath and compressor. The autoclave had been serviced in March 2015. The compressor had been tested and serviced in September 2015. The ultrasonic bath was purchased in January 2016. We reviewed paperwork to confirm the history of previous testing for the old ultrasonic bath and it was appropriate. The practice had portable appliances and carried out PAT (portable appliance testing). Appliances were last tested in February 2015.

Radiography (X-rays)

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. The equipment was serviced in May 2015 and the critical examination was completed on the 9 July 2015. One of the dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

All relevant staff had completed radiation training. Individual audits were completed for each X-ray and audits were carried out twice a year.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists used current guidelines such as those from the National Institute for Health and Care Excellence (NICE) to assess each patient's risks.

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

Health promotion & prevention

We saw evidence that the dentists were proactive with giving patients health promotion and prevention advice. Dental care records were reflective of advice being given. This ranged from teeth brushing techniques, dietary advice, smoking cessation and advice on products to use. The practice also had a hygienist who gave oral health advice.

There was a range of printed information available to patients in the waiting room as well as posters on display.

Staffing

All clinical staff had current registration with their professional body, the General Dental Council and were 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 saw evidence that opportunities existed for additional training such as oral cancer and preventative treatments.

Working with other services

The practice had processes in place for effective working with other services including standard templates for referrals. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of referrals were sent to the organisation receiving the referral and the response was filed on the patients records.

Consent to care and treatment

Consent was obtained verbally and recorded in patients' dental care records. The practice consent policy outlined how consent was obtained and how it should be recorded. We saw examples of where the policy was adhered to.

All staff whom we spoke with demonstrated understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 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 them]. All staff had completed mental capacity Act training in October 2015.

Dental care records we checked demonstrated that consent was obtained and recorded appropriately.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 25 patients via Care Quality Commission comment cards. Feedback was very positive. There were no patients available on the day of our inspection to speak with. Patients' feedback indicated that staff provided a friendly and professional service and were caring. Patients also stated in the comment cards that they were treated with dignity and respect.

Staff gave examples of how they maintained patients' privacy during consultations. This included closing treatment room doors, keeping patient information confidential and asking if they were comfortable during treatment.

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

Involvement in decisions about care and treatment

Information relating to costs was displayed in the patient waiting area, including details about the different NHS band charges.

Staff told us that treatment options were discussed with the benefits and consequences pointed out. Visual aids and models were used to help patients understand their diagnoses and proposed treatment. Discussions with patients and efforts to involve them were clearly documented in dental care records.

Patient feedback also confirmed that patients felt involved in decisions about their care and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. The practice offered appointments from 9.00am to 6.00pm Monday to Fridays. The practice manager explained that they responded to patients needs in various ways. This included reserving appointments after 4pm for school children and reserving slots for emergency appointments. Emergency and non-routine appointments were also available during the rest of the day.

Tackling inequity and promoting equality

The practice manager told us that the local population was diverse with a mix of patients from various cultures and background. The staff team staff spoke different languages which included French, Tamil and Hindi. Staff also had access to NHS translation services if patients spoke another language that staff did not speak.

The practice was located on the first floor and the building was wheelchair accessible, with a wheelchair accessible toilet.

Access to the service

The practice opening times were displayed on the front door and in the practice leaflet. Appointments were booked by calling the practice or in person by attending the practice. If a patient needed to see a dentist outside of normal opening times they were directed to contact the "111" service or attend a local hospital. They were informed of the service via the recorded message on the practice answer machine and a poster in the reception area.

Concerns & complaints

At the time of our inspection the practice had received one complaint in the last 12 months. The practice manager explained how complaints were investigated and responded and the explanations were in line with their policy. This included the patient receiving an apology and explanation of the investigation.

Information relating to complaints was readily available to patients. A copy of the complaints procedure was displayed in the patient waiting room with the practice manager's details. They also gave details of external organisations patients could refer their complaints to.

Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies and procedures for the smooth running of the service which were available electronically or in paper format. Staff were required to review the policies as part of their induction process. Staff we spoke with confirmed that they knew how to access the practice policies.

The practice had a copy of the General Dental Council (GDC) standards and data protection procedures in a central location for staff reference. The practice manager told us that this helped to support staff to meet their professional standards and code of practices.

The practice had completed audits over the past 12 months which included audits on infection control, clinical records, dental history and radiography. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes.

Dental care records we checked were complete, legible and stored securely.

Leadership, openness and transparency

Leadership structures were clear in the practice and staff knew who to report to. Staff were aware of the practice purpose and commented that they felt the leaders lead with openness and transparency.

We discussed the duty of candour requirement in place on providers with the practice manager. 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

Learning from incidents and other events was done through staff meetings. We reviewed meeting minutes and

saw that they were used for learning purposes. For example, we saw that reminders about ensuring patients details were recorded accurately and the implications it cause when they were not.

The practice had a training matrix that outlined all completed and pending training. The practice manager monitored training needs of staff to ensure staff stayed up to date.

Appraisals were completed annually for all non-clinical staff and the dental nurses and reviewed periodically. We reviewed a sample of appraisals and saw they were completed appropriately. Whilst the dentists' did not have appraisals they had regular meetings and support sessions with the provider to address their development needs and assist in their improvement.

Staff meetings were held monthly. Minutes were not always maintained however we reviewed the minutes for September and December 2015. Staff confirmed that they found the meetings useful and they received appropriate updates and were notified about events where lessons could be learnt.

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

The practice participated in the NHS "Friends and Family Test" (FFT). Results from the FFT were collected monthly and analysed to pick up any patient feedback. The practice had a suggestion box in the reception area. Suggestions made by patients included having more reading materials and more comfortable chairs in the waiting room. The practice manager told us that both these suggestions had been acted upon.

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