

Mr. Yon Jon Wang

Tolworth Rise Practice

Inspection Report

215 Tolworth Rise North
Surbiton
Surrey
KT5 9ET
Tel: 020 8399 5023
Website:

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Overall summary

We carried out an announced comprehensive inspection on 16 September 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

Tolworth Rise Practice is located in the Royal Borough of Kingston and provides private dental services. The opening hours for the practice were 8.45 am to 5.15 pm Monday to Friday.

The premises consists of two treatment rooms, a decontamination room and a waiting area.

The practice comprises of two dentists, a dental nurse, and one receptionist/nurse.

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.

During the inspection we asked patients to complete CQC comment cards. We received 16 comment cards back from patients and spoke with three patients on the day of the inspection. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be caring, friendly and helpful and they were treated with care, dignity and respect.

Our key findings were:

- There were effective processes in place to reduce and minimise the risk and spread of infection.

Summary of findings

- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE). Patients were involved in their care and treatment planning.
 - There was appropriate equipment for staff to undertake their duties.
 - The practice did not have access to an automated external defibrillator and the medical oxygen cylinder available on the premises was past its use by date.
 - Staff were trained in and there was appropriate equipment for them to respond to medical emergencies.
 - Patients told us that staff were caring and treated them with dignity and respect.
 - Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
 - There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.
 - There were governance arrangements and a management structure in place.
 - Updated protocols were not in place as regards maintenance of Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder, handling of sharps, stock control of medicines and equipment, and staff employment.
- 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 current legionella risk assessment and implement the required actions including the monitoring and recording of water temperatures, taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the protocol for completing accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal reference taken and ensuring proof of identification is requested and recorded.
- Review the practice's sharps procedures giving due regard to the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
- Review stocks of medicines and equipment and the system for identifying and disposing of out-of-date stock.

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.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice.

The practice had systems in place to assess risks to patients. We found that staff were trained and there was some equipment to respond to medical emergencies. However there were some deficiencies such as the oxygen cylinder being past its use by date and oropharyngeal airways not being available. In the event of an incident or accident occurring, the practice had a system in place to document, investigate and learn from it.

Updated protocols were not in place as regards maintenance of Control of Substances Hazardous to Health (COSHH) Regulations 2002 folder, handling of sharps, stock control of medicines and equipment, and staff employment.

The practice followed procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining references. Improvements could be made in regards to the recording of references.

We were provided evidence by the principal dentist after the inspection that necessary steps to overcome the shortcomings had been undertaken. This included immediately ordering an oxygen cylinder, reviewing policies and undertaking discussions with staff on improved understanding of procedures and protocols.

No action



Are services effective?

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

The practice followed guidance, such as that issued by National Institute for Health and Care Excellence (NICE). Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's' medical and oral health. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation advice where appropriate.

Staff were supported by the practice in maintaining their continuing professional development (CPD) and were meeting the requirements of their professional registration.

No action



Are services caring?

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

The patient feedback we received was very positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely, and patient confidentiality was well maintained.

No action



Summary of findings

Are services responsive to people's needs?

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

Patients had good access to routine and emergency appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. There was a complaints policy. Patients were given the opportunity to give feedback through the NHS Friends and Family Test. There were arrangements to meet the needs of patients whose first language was not English.

No action



Are services well-led?

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

There was a clear vision for the practice that was shared with the staff. There were good governance arrangements and an effective management structure. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. Learning from audits were shared with staff. Patients were given the opportunity to provide feedback about the practice through the NHS Friends and Family test.

No action



Tolworth Rise 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.

We carried out an announced comprehensive inspection on 16 September 2016. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We received feedback from 19 patients. We also spoke with five members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. Staff told us this would mainly be through team meetings if an incident ever occurred. Staff were able to describe the type of incidents that would be recorded and the incident logging process. There had been no adverse incidents over the past 12 months.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months.

Staff understood the importance of the Duty of Candour and the need to inform the appropriate bodies and patients affected of any relevant incidents [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].

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. There was a safeguarding policy that had last been reviewed in 2016. The practice had details of what should be considered abuse and the practice was aware of the relevant people to contact in the local safeguarding team if they had any safeguarding concerns. Staff had completed safeguarding training that was updated on a regular basis. They were able to explain their understanding of safeguarding issues. There had been no safeguarding incident that needed to be referred to the local safeguarding teams.

The practice had a system in place for receiving and responding to patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA). The principal dentist told us relevant information would be emailed to dentists and discussed when relevant.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having infection control protocols, health and safety process, procedures and risk assessments.

The practice did not have a COSHH (Control of Substances Hazardous to Health, 2002 Regulations) file. One of the dentists showed us information they held from the British Dental Association relating to COSHH but this was generic and did not specifically relate to the practice. The provider had not undertaken a sharps risk assessment and was not familiar with the most recent safe sharps guidelines. The provider told us they would take steps to put together a COSHH file and develop a safe sharps policy in line with the most recent guidelines.

Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with radiography, using equipment and display screen equipment assessments.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. During the course of our inspection we checked dental care records to confirm the findings. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated when they returned. The dental care records contained sufficient detail enabling another dentist to know how to safely treat a patient.

The practice used a rubber dam for root canal treatments in line with current guidance. [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 emergencies

Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment in line with

Are services safe?

Resuscitation Council (UK) and British National Formulary guidance. The kit contained the recommended medicines. We checked the medicines that were in the kit and we found that all the medicines were within their expiry date.

The oxygen cylinder had a use by date of July 2004 and the practice did not have an automated external defibrillator (AED) [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].on its premises, in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. There had not been risk assessment in regards to the practice not having a defibrillator. Three of the airways in the kit were out of date.

We pointed these deficiencies out to the provider and they told us they would order a new oxygen cylinder immediately. Following the inspection the practice sent us evidence that a new oxygen cylinder had been ordered. They also advised that the order included new airways.

Staff recruitment

The majority of staff had worked at the practice for a number of years. The practice had carried out some checks on staff. This included Disclosure and Barring Service (DBS) checks and immunisation. However we found that only verbal references had been taken for one member of staff, there had also been no identity check carried out on the member of staff. We pointed this out to one of the dentists and they told us they would take written references in the future and would also ensure identify checks were undertaken. The provider had not developed a recruitment policy but told us one would be developed following the inspection.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for use of equipment and infection control.

Infection control

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included procedures for clinical waste management and personal protective equipment.

The practice had followed the guidance on decontamination and infection control issued by the Department of Health namely, Health Technical Memorandum 01-05: Decontamination in primary care dental practices. One of the dentists was the infection control lead.

Staff gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. There was a clear flow from dirty to clean areas to minimise the risks of cross contamination.

This included carrying used instruments in a lidded box from the surgery, cleaning instruments and using 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.

Staff told us about the daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively. We saw records that confirmed these checks were carried out.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients and themselves from the risks of contracting the infection. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was collected monthly.

The practice was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE.

We found that an appropriate Legionella risk assessment had not been completed. One of the dentists showed us a document that they said was a legionella risk assessment but this did not include assessments that would be undertaken by an individual competent to undertake legionella risk assessments. For example it did not include a written scheme to prevent/control the risk of Legionella in the practice. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. When this was pointed out to the practice

Are services safe?

manager they advised that arrangements would be made for a specialist to undertake a legionella risk assessment. Following the inspection the provider sent us evidence that arrangements had been made for an external legionella risk assessment to be carried out.

The practice was clean and tidy. There was a cleaning plan which was regularly checked by the practice staff.

Equipment and medicines

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) had not been undertaken since 2008. PAT is the name of a process where electrical appliances are routinely checked for safety. We saw evidence that staff at the practice had undertaken visual checks of electrical appliance on a yearly basis. The provider told us that they would make arrangements for a PAT test to be carried out.

The practice had guidance regarding the prescribing and recording of the medicines used in the practice. However, improvements could be made in regards to the practice approach to the disposal of medicines and stock control.

For example the principal dentist could not confirm how much amoxicillin the practice had in stock. There were also some medicines being stored that had expired. The principal dentist told us these medicines would not be used.

They told us details of medicines dispensed were recorded on patient's notes but they would put a system in place to ensure a log of the stock levels in the practice. They also told us that expired medicines would be returned to the pharmacist. Following the inspection the provider confirmed that the out of date drugs had been removed and disposed of.

Radiography (X-rays)

The principal dentists was the Radiation Protection Supervisor (RPS). An external organisation covered the role of Radiation Protection Adviser (RPA). The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file. Evidence was seen of radiation training for staff undertaking X-rays. A radiographic audit had been undertaken in March 2016.

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 guidance. This included following the National Institute for Health and Care Excellence (NICE) guidance, for example in regards to recalls.

During the course of our inspection we spoke with the receptionist, the nurse and the dentist on duty on the day and checked dental care records to confirm the findings. We saw evidence of assessments that were individualised. This included having an up to date medical history visit, details of the reason for visit, medical alerts, details of examinations undertaken and treatment plans. Improvements could be made in regards to the recording of options discussed with patients. Patients told us that dentists discussed options with them but this information was not recorded in some of the records we reviewed.

Information about the cost of treatment and some information of treatment options available were on the practice website and the reception area of the practice.

Health promotion & prevention

Patients' medical histories were updated regularly which included questions about diet. Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive care advice on oral health, and dietary advice. The principal dentist told us they had discussions with patients about smoking cessation.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. Examples of staff training included topics

such as safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice. We also reviewed information about continuing professional development (CPD) and saw there was a system in place to monitor the number of CPD hours staff had completed.

Working with other services

The practice worked, where appropriate with other professionals in delivering care of their patients. This included for example referrals for orthodontic work. Dental care records we looked at contained details of the referrals made and information that was shared between the practice and the referring organisations. The records showed the practice worked well with other services.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We received feedback from 19 patients. Patients said they were given treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment options including risks and benefits, as well as costs with patients.

Some staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met and showed a general understanding of the Mental Capacity Act (MCA) 2005. (MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). However, other staff we spoke with did not have a good understanding of capacity issues. None of the staff at the practice had received formal mental capacity act training.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 19 patients. The feedback we received was positive. Staff were described as, friendly and caring. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of fees. We spoke with the dentist, the nurse and the receptionist on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. Staff told us that treatments, costs, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients, and that patients could generally book an appointment in good time to see a dentist. Feedback from patients confirmed that patients felt they could get appointments when they needed them. There were arrangements in place for out of hours appointments. These arrangements were advertised on the practice telephone answering machine.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice staff spoke a number of different languages and were able to support patients for whom English was not their first language. If necessary they would contact an interpretation service.

The practice had a temporary ramp that they put out for wheelchair users.

Access to the service

The opening hours for the practice were 8.45 am to 5.15 pm Monday to Friday. We saw there were arrangements for emergency appointments. There were out of hours arrangements in place to deal with emergencies that took place when the practice was closed; these were advertised on the practice telephone answer machine.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain was available in the reception area. The policy had last been reviewed in 2016.

The policy included contact details of three external organisations that patients could contact if they were not happy with the practice's response to a complaint. This included the Dental Complaints Service and the General Dental Council. There had been no complaint logged in the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, employment policies and infection control. There was a management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility.

Staff told us meetings were held to discuss issues in the practice and update on things affecting the practice. Staff we spoke with confirmed that meeting took place about every three months. We saw records of these meetings. For example the records noted that medical emergency training had been discussed at a June 2016 meeting.

Risk assessments at the practice included health and safety, slips and falls and using equipment. However, improvements could be made in regards to the frequency and range of assessments undertaken. For example, the health and safety assessment and assessment of the use of equipment had not been updated since 2012. We pointed this out to the provider and they told us arrangements would be made for risk assessments to be updated regularly in the future.

The quality audits undertaken at the practice included infection control, dental care records and radiography audits.

Leadership, openness and transparency

Staff we spoke with said they felt the owner of the practice was open and transparent. Staff told us they were comfortable about raising concerns with the practice manager. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

The practice was also keen to ensure that all of their staff provided highly-skilled care.

Learning and improvement

Staff told us they had good access to training. There was a system in place to monitor staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

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

The practice had gathered feedback from patients and staff through the NHS Friends and Family test. We saw the results of August and September test and found the majority of patients said they were extremely likely to recommend the service.