

Elephant & Castle Dental Clinic

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Inspection Report

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Overall summary

We carried out a follow-up inspection on 11 November 2016 at Elephant & Castle Dental Clinic.

We had undertaken an unannounced comprehensive inspection of this service on 23 June 2016 as part of our regulatory functions where breaches of legal requirements were found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breaches. This report only covers our findings in relation to those requirements.

We reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led?

We revisited Elephant & Castle Dental Clinic as part of this review and checked whether they had followed their action plan.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Elephant & Castle Dental Clinic on our website at www.cqc.org.uk.

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?

The focused inspection concentrated on the key questions of whether or not the practice was safe, effective, and well led.

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

A range of improvements had been made to the infection control practices since the last inspection. Staff were well trained and were following the practice policies and protocols. Changes had been made to the fabric of the building to promote ease of cleaning. We observed that the environmental cleaning was effective.

We found the equipment used in the practice was well maintained and checked for effectiveness.

The practice had recently had all of their fire equipment inspected and serviced.

There was a safeguarding policy in place, with a named safeguarding lead at the practice. Staff had all completed safeguarding training to an appropriate level. Staff understood their responsibilities in terms of identifying and reporting any potential abused.

There were systems in place for identifying, investigating and learning from incidents relating to the safety of patients and staff members.

We also checked the practice's recruitment policy and procedures. We checked the staff records for three members of staff recruited since the last inspection. We found that the practice had completed new Disclosure and Barring Service (DBS) checks for these members of staff. In one case, a member of staff was working within the constraints of an appropriate risk assessment whilst awaiting the outcome of their DBS check.

No action



Are services effective?

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

Staff had engaged in continuous professional development (CPD) and were now meeting all of the training requirements of the General Dental Council (GDC).

Staff demonstrated a good understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005.

The provider had ensured that there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to manage the services provided at all times.

No action



Are services well-led?

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

The practice had improved its clinical governance and risk management protocols. These were being shared and discussed by staff. The principal dentist could demonstrate that the changes

No action



Summary of findings

that had been made had led to improvements in the safe running of the practice. For example, new audits assessing the quality of dental care record keeping and X-ray quality been carried out. There was evidence that action had been taken to improve processes as a result of the findings of these audits.

Risk assessments in relation to general health and safety, Control of Substances Hazardous to Health (COSHH), Legionella, fire safety and use of sharps were all present. Staff were following relevant risk-reduction protocols, in line with these assessments.

The practice had improved its system for seeking and acting on feedback from patients regarding the quality of the service. The practice manager cited examples of when this feedback had been reviewed and subsequent actions the practice had taken to improve the quality of care.

Elephant & Castle Dental Clinic

Detailed findings

Background to this inspection

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, focused inspection on 11 November 2016. This inspection was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 23 June 2016 had been made.

We inspected the practice against three of the five questions we ask about services: is the service safe?; is the service effective?; and is the service well-led? This is because the service was not previously meeting some legal requirements.

The focused inspection was led by a CQC inspector and a dental specialist advisor.

During our inspection visit, we checked that points described in the provider's action plan had been implemented by looking at a range of documents, such as risk assessments and audits. We also carried out a tour of the premises and spoke with members of staff.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

At our previous inspection we found that the systems in place for reporting and learning from incidents were not effective.

During this inspection we found that significant improvements had been made in this area. There was an incident reporting policy and an accidents reporting book. Staff understood the process for accident reporting, including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice manager and principal dentist were aware of the Duty of Candour. They told us they were committed to operating in an open and transparent manner; they would always inform patients if anything had gone wrong and offer an apology in relation to this. [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)

We spoke with a range of staff members about the safeguarding protocols for the practice. We found that an improvement had been made in this area since the previous inspection.

The practice had a well-designed safeguarding policy which referred to national guidance. Information about the local authority contacts for safeguarding concerns was readily available for staff. There was evidence in staff records showing that staff had been trained in safeguarding adults and children to an appropriate level.

The principal dentist was the named practice lead for child and adult safeguarding. They were able to describe the types of behaviour a child might display that would alert them to possible signs of abuse or neglect. They also had a good awareness of the issues around vulnerable elderly patients who presented with dementia.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. We found that the full range of equipment and medicines recommended for managing emergencies were now held by the practice.

The practice had an automated external defibrillator (AED), oxygen and other related items, such as manual breathing aids and portable suction, in line with the Resuscitation Council UK guidelines (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).

The practice held emergency medicines in line with guidance issued by the British National Formulary for dealing with common medical emergencies in a dental practice. The emergency medicines were stored securely with emergency oxygen in a location known to all staff. On the day of the inspection, we noted one item that needed replacing. The practice sent us confirmation via email, on the same day as the inspection, that this item had been ordered.

Staff received annual training in using the emergency equipment.

Staff recruitment

We reviewed the staff recruitment records for three members of staff who had joined the practice since our previous inspection. We found that improvements in recruitment procedures had been made.

There was a formal recruitment policy for the practice to follow during any recruitment process. This included a process for carrying out staff interviews and relevant background checks.

The recruitment records showed that the practice consistently obtained proof of identification and carried out medical history checks, including those for Hepatitis B immune status. A review of employment history was either held on file or carried out by a recruitment agency on behalf of the practice.

The practice manager and principal dentist confirmed that they obtained verbal references, although notes in relation to these were not being routinely kept.

It was practice policy to carry out a Disclosure and Barring Service (DBS) check for all members of staff prior to employment and periodically thereafter. We saw evidence

Are services safe?

that all members of staff had a DBS check prior to employment. (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).

We found that the practice had completed new Disclosure and Barring Service (DBS) checks for new members of staff. In one case, a member of staff was working within the constraints of an appropriate risk assessment whilst awaiting the outcome of their DBS check.

Monitoring health & safety and responding to risks

The practice had improved its arrangements for dealing with foreseeable emergencies. We saw that there was a health and safety policy in place. The practice had been assessed for risk of fire and there were documents showing that fire extinguishers had been recently serviced.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors associated with hazardous substances were identified. Actions were described to minimise identified risks. COSHH products were securely stored. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products.

There was a business continuity plan in place. There was an arrangement in place to use one of the provider's other practice locations for emergency appointments in the event that the practice's own premises became unfit for use.

Infection control

During our inspection in June 2016 we had identified concerns with the infection control processes at the practice.

We found that the practice had made a range of changes to these processes at our follow-up inspection in November 2016. There were now effective systems in place to reduce the risk and spread of infection within the practice.

There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste..

We observed that the premises appeared clean and tidy. Clear zoning demarked clean from dirty areas in all of the

treatment rooms. Hand-washing facilities were available, including wall-mounted liquid soap, hand gels and paper towels in the treatment room, decontamination room and toilet. Hand-washing protocols were also displayed appropriately in various areas of the practice.

We asked one of the dental nurses to demonstrate the end-to-end process of infection control procedures at the practice. The protocols showed that 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 (HTM 01-05)'.

The dental nurse explained the decontamination of the general treatment room environment following the treatment of a patient. We saw that there were written guidelines for staff to follow for ensuring that the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

We checked the contents of the drawers in the treatment rooms. These were well stocked, clean, ordered and free from clutter. All of the instruments were pouched. It was obvious which items were for single use and these items were clearly new. The treatment room had the appropriate personal protective equipment, such as gloves and aprons, available for staff and patient use.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a term for particular bacteria which can contaminate water systems in buildings). The practice manager described the method they used which was in line with current HTM 01-05 guidelines. A Legionella risk assessment had been carried out by an external contractor. The practice was following recommendations to reduce the risk of Legionella, for example, through the regular testing of the water temperatures. A record had been kept of the outcome of these checks on a monthly basis.

The practice used a decontamination room for instrument processing. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which

Are services safe?

ensured the risk of infection spread was minimised. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

Instruments were manually cleaned prior to inspection under a light magnification device. Items were then placed in an autoclave (steriliser). When instruments had been sterilized, they were pouched and stored appropriately, until required. All of the pouches we checked had a date of sterilisation and an expiry date.

We saw that there were systems in place to ensure that the autoclave was working effectively. These included, for example, the automatic control test and steam penetration test. It was observed that the data sheets used to record the essential daily validation checks of the sterilisation cycles were complete and up to date.

The segregation and storage of dental waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained. The

practice used a contractor to remove dental waste from the practice. Waste was stored in a separate, locked location within the practice prior to collection by the contractor. Waste consignment notices were available for inspection.

Environmental cleaning was carried out using cleaning equipment in accordance with the national colour coding scheme. There was a cleaning schedule for staff to follow which described daily, weekly and monthly tasks.

Staff files showed that staff regularly attended training courses in infection control. Clinical staff were also required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. (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.)

In summary, following our review on the 11 November 2016, we found evidence which showed that the practice was providing safe care in accordance with the relevant regulations.

Are services effective?

(for example, treatment is effective)

Our findings

Staffing

At our previous inspection, we had identified gaps in staff training, for example, in relation to infection control and safeguarding children.

During this inspection, staff told us they received appropriate professional development and training. We checked staff records and saw that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, safeguarding, infection control and radiography and radiation protection training.

The practice had initiated a new, and more thorough, induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice. This had effectively raised staff knowledge in relation to key policies and protocols.

We reviewed the process for ensuring that there were sufficient numbers of staff working at the practice to ensure risks to patients were mitigated. Some concerns with the numbers of staff available for weekend shifts had been raised at the previous inspection. The principal dentist told us, and staff confirmed that a new system for reviewing

staff availability for weekend work had been implemented. We reviewed the appointment book and confirmed that appropriate numbers of staff had been available at all times.

Consent to care and treatment

The practice ensured valid consent was obtained for care and treatment. However, some gaps in staff knowledge in relation to the Mental Capacity Act 2005 had been noted during our previous inspection. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves).

We spoke with staff about their understanding of this topic during the follow-up inspection in November 2016. Staff were aware of the Mental Capacity Act 2005 and the Gillick competence test, which provides guidance for working with young people. Staff could describe scenarios for how they would manage a patient who lacked the capacity to consent to dental treatment. They noted that they would involve the patient's family, along with social workers and other professionals involved in the care of the patient, to ensure that the best interests of the patient were met.

In summary, following our review on the 11 November 2016, we found evidence which showed that the practice was providing an effective service in accordance with the relevant regulations .

Are services well-led?

Our findings

Governance arrangements

We spoke with the principal dentist and practice manager about changes to the governance arrangements at the practice since the previous inspection.

We found there were new systems for monitoring and reducing risks to patients and staff. For example, we found improvements in the management of general health and safety, Control of Substances Hazardous to Health (COSHH), Legionella, fire safety and use of sharps. All of the equipment at the practice was well maintained and fit for use.

Staff were aware of the systems in place for minimising risks. We found the practice was holding regular staff meetings where key governance issues were reviewed.

Leadership, openness and transparency

The practice manager was present on the day of the inspection. It was apparent that they had spent time working with members of staff to improve the flow of information throughout the practice around key policies and protocols. Overall, we found that staff were well supported and were working as a team.

Learning and improvement

The practice had carried out new audits since the last inspection. These covered X-ray quality and dental care record-keeping. Audits were repeated at appropriate intervals to evaluate whether or not quality had been maintained or if improvements had been made.

Staff had engaged in additional training within the past six months with a view to ensuring that they maintained the necessary skills to meet the needs of the patients visiting

the practice. We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

Overall, there was evidence of a process of continual improvement to the premises and equipment. For example, the practice had invested in new flooring and redecorated various areas of the practice.

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

Since the previous inspection, the practice had worked to establish and operate effective systems for seeking and acting on feedback from patients regarding the quality of the service provided.

The practice gathered feedback from patients through the use of a comments box, an in-house patient survey and via the NHS 'Friends and Family Test'. The majority of feedback had been positive and indicated a high level of satisfaction with the care provided. The practice manager cited examples of how they reviewed and responded to the feedback obtained from these sources.

A new complaints monitoring system had also been established. The practice kept a log of complaints. This demonstrated that three complaints had been received and acted on within the past year. The practice had responded to these complaints in line with the practice policy.

Staff told us that the principal dentist was open to feedback regarding the quality of the care. They had also been engaged in a staff survey during the past year. The appraisal system and staff meetings also provided appropriate forums for staff to give their feedback.

In summary, following our review on the 11 November 2016, we found evidence which showed that the practice was providing a well-led service in accordance with the relevant regulations.