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Asmile Dental Clinic Golders Green

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 5 July 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

Asmile Dental Clinic Golders Green located in Golders Green provides private dental treatment to patients of all ages.

Practice staffing consists of the dentist/registered manager and one dental nurse/receptionist

The 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.

The practice is open Monday, Tuesday and Thursdays 1pm to 6pm

The practice facilities include one treatment room, a shared reception and waiting area, decontamination room and small office area.

11 patients provided feedback about the service. Patients we spoke with and those who completed comment cards were very positive about the care they received about the service. Patients told us that they were happy with the treatment and advice they had received.

Our key findings were:

Summary of findings

- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns.
- Patients were treated with dignity and respect and confidentiality was maintained.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- There were systems in place to reduce the risk and spread of infection. Dental instruments were cleaned and sterilised in line with current guidance. However a legionella risk assessment had not been carried out.
- Staff had been trained to handle medical emergencies, and appropriate medicines and oxygen were readily available. However the practice did not have an automated external defibrillator (AED).
- Equipment, such as the air compressor had not been well maintained or tested for effectiveness.
- There were some governance arrangements in place for the smooth running of the practice. However the

practice did not have a structured plan in place to monitor quality and safety. The practice had not effectively monitored and mitigated the risks associated with carrying out the regulated activities.

- Rubber dam was not used in all root canal treatments.

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

- Review availability of 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 practice's responsibilities as regards to the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is available and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the systems for checking and monitoring equipment to ensure that all equipment is well maintained.
- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society
- Review the practice's audit protocols of various aspects of the service, such as radiography and dental care records at regular intervals to help improve the quality of service. Practice should also check all audits have documented learning points and the resulting improvements can be demonstrated.

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 practice had systems in place for identifying, investigating and learning from incidents relating to the safety of patients. The infection prevention and control practices at the surgery followed current national guidance.

Patients were protected against the risks of abuse or harm through the practice policies and procedures. Staff were trained to recognise and report concerns about patients' safety and welfare and had access to contact details for the local safeguarding team.

Patients' medical histories were obtained before any treatment took place.

Equipment at the practice was not regularly maintained, tested and monitored for safety and effectiveness.

There were arrangements in place to deal with medical emergencies and staff had annual training. However the practice staff did not have access to an AED.

No action



Are services effective?

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

Patients received a comprehensive assessment of their dental needs including a review of their medical history. Dental care records were detailed and included details of risks of and benefit of treatment.

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

Health education for patients was provided by the dentists. They provided patients with advice to improve and maintain good oral health. We received feedback from patients who told us that they found their treatment successful and effective.

No action



Are services caring?

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

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

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.

Appointment times met the needs of patients and waiting times were kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible on the same day or within 24 hours.

Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints.

No action



Are services well-led?

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

The nurse described an open and transparent culture where they were comfortable raising and discussing concerns with each other. The practice had some clinical governance and risk management structures in place.

Staff felt supported and empowered to make suggestions for the improvement of the practice. There was a culture of openness and transparency. However, a system of audits was not used to monitor and improve performance. For example, there had not been an audit of the dental care records or X-ray quality to identify areas for improvement. Risk assessments in relation to Control of Substances Hazardous to Health (COSHH), Legionella, and fire safety were not present.

A clear schedule to follow for the maintenance of equipment was lacking.

No action



Asmile Dental Clinic Golders Green

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 5 July 2016 and was undertaken by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

The methods used to carry out this inspection included speaking with principal dentists, two dental nurses and one receptionist 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, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England by email and ensure they were shared with staff working in the practice. This included forwarding them to staff.

The practice had an incidents and accident reporting procedure. All incidents and accidents would be reported in the incident log and accident books. There had been no accident in the past 12 months. Both staff we spoke with were aware of reporting procedures including who and how to report an incident to.

The Dentist and staff demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) and had the appropriate documents in place to record if they had an incident. There had been no RIDDOR incidents within the past 12 months.

Reliable safety systems and processes (including safeguarding)

The dentist was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and child protection. Both staff had completed child protection and adult safeguarding training. Details of the local authority safeguarding teams were readily available, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was also displayed for staff reference. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

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. 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.

We found that a rubber dam was not used in all root canal treatments. The dentist described what alternative precautions were taken to protect the patient's airway during the treatment when a rubber dam was not used (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). The dentist assured us this would be addressed immediately.

Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. These were stored securely and those requiring refrigeration were also stored appropriately. Staff also had access to emergency equipment on the premises including medical oxygen. We saw records of the weekly checks that were carried out to ensure the medicines were not past their expiry dates and there were daily and weekly checks to ensure equipment was in working order. The practice did not have 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].

Both staff had completed recent basic life support training which was updated annually and were aware of where medical equipment was kept.

Staff recruitment

Practice staffing consists of the dentist/registered manager and one dental nurse/receptionist

The dentist told us that the current staffing number was sufficient to meet the needs of their patients.

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. However this had not been followed for the only member of staff employed at the practice. This included no Disclosure and Barring Services (DBS) check completed (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

Are services safe?

contact with children or adults who may be vulnerable) and proof of immunisation against Hepatitis B (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). The dentist had worked in various places with the nurse and thought this wasn't relevant to her. This was addressed immediately and checks were in the process of being carried out.

Monitoring health & safety and responding to risks

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice. There was a business continuity plan that outlined the intended purpose to help the practice 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.

The practice carried out a risk assessment to ensure they were prepared to respond to safety issues. This included a practice risk assessment which had been completed in April 2013 and reviewed in April 2015

Risk assessments in relation to Control of Substances Hazardous to Health (COSHH) and fire safety were not present.

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.

There was a separate decontamination area. The dental nurse 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 placing the instruments into the ultra-sonic, rinsing, inspecting instruments under an illuminated magnifying glass to visually check for any remaining contamination (and

re-washed if required); pouching then placing in the autoclave; 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 all the checks and tests that were carried out on the autoclave and ultra-sonic to ensure it was working effectively. The checks and tests were in line with guidance recommendations.

We didn't see evidence that all staff were immunised against blood borne viruses. However the dental nurse was waiting on results for a blood test that had been done in June 2016. Clinical waste bins were assembled and labelled correctly in each surgery and waste was stored appropriately until collection by an external company.

The treatment room was visibly clean and tidy. 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. Paper hand towels and hand gel was available.

We were told 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. External cleaning staff undertook domestic cleaning at the practice.

A Legionella risk assessment had not been carried out. However the principal dental arranged this to be carried out the following day. Hot and cold water temperature monitoring was being undertaken and documented and dental unit water lines were being maintained in line with current guidance. Water temperature checks were completed every month on water lines in the surgeries, toilets and decontamination room. Purified water was used in dental lines. Taps were flushed daily in line with recommendations.

An infection control audit was carried out in June 2016.

Equipment and medicines

Though formal service contracts were not in place for the maintenance of the autoclave it had been serviced in April 2016. The compressor had not been serviced since November 2010. However the principal dentist made arrangement on the day for this to be carried out the following day. The practice had portable appliances and had carried out PAT (portable appliance testing). Appliances were last tested in June 2016.

Are services safe?

The practice had an effective system in place regarding the management and stock control of the dental materials used in clinical practice.

The dentists used the British National Formulary to keep up to date about medicines. The batch numbers and expiry dates for local anaesthetics, where used were recorded in patients' dental care records.

Radiography (X-rays)

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

equipment. Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff. The dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA). We also saw evidence that the dentist had qualifications for radiation training. An inventory of all equipment being used was present and maintenance records were up to date, with equipment last being serviced in July 2014.

The critical examination test and risk assessments were present. A recent X-ray audit had not been carried out.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked a sample of dental care records 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.

Health promotion & prevention

The dentist said they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption. Patients told us that they were well informed about the beneficial use of fluoride paste and the ill-effects of smoking on oral health.

The dentist were aware of and were using the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dental team provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products. Information leaflets on oral health were available.

Staffing

Both clinical staff had current registration with their professional body - the General Dental Council; however there was lack of evidence that the dental nurse was up to date with their continuing professional development

requirements, and working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. However evidence of training was sent following the inspection.

Working with other services

The practice had processes in place for effective working with other services. All referrals were received and sent by fax/post using a standard proforma or letter. Information relating to the patient's personal details, reason for referral and medical history was contained in the referral. Copies of all referrals received and sent were kept in the patient's dental care records. We checked a sample of referrals received by practice and saw they were appropriately dealt with in the correct way.

Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. The practice also had a folder with information relating to mental capacity, outlining how to assess if a person lacked capacity and what to do in such circumstances. Both staff could demonstrate an understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. [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].

Dental care records we checked demonstrated that consent was obtained and recorded appropriately. Patients who provided feedback confirmed that their consent was obtained for treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 11 patients. Feedback was very positive. Patients told us that staff treated them with dignity, respect and empathy. We were given examples of how staff displayed these qualities including being attentive to their needs and ensuring privacy was maintained during treatment.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the secure handling of patient information. We observed the interaction between staff and patients and found that confidentiality was being maintained. Dental care records were held securely.

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 they were provided with treatment options. Information relating to costs was always given and explained. Treatment options were discussed, with the benefits and risks pointed out. Patients also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dentist explained how they involved patients in decisions about their care and treatment. Discussions with patients and efforts to involve them were clearly documented in dental care records.

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

The services provided include preventative advice and treatment, routine, cosmetic and restorative dental care. We found the practice had an efficient appointment system in place to respond to patients' needs. The dentist told us the majority of patients who requested an urgent appointment would be seen on the day.

Tackling inequity and promoting equality

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The dentist told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. Both staff explained to us how they supported patients with additional needs such as young children. They ensured patients were supported by a parent and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient and parent understood.

The dentist told us that the local population was diverse with a mix of patients from various cultures and background. The majority of patients that visited the practice were Polish. Staff at the practice spoke Polish and also had access to online translation if required.

Access to the service

Appointments were booked by calling the practice. In the event of a patient needing an appointment outside of the opening times, patients were directed to an out of hour's service via recorded message on the practice answer machine.

Patients who provided feedback were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them.

Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received no complaints within the last 12 months.

Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies and procedures for the smooth running of the service. There was a system in place for policies to be reviewed periodically. Staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively.

However, overall we found there were limited arrangements for identifying, recording and managing risks through the use of risk assessments, audits, and monitoring tools.

In terms of risk assessment, the practice had not properly addressed risks across a range of topics, including, but not limited to, Control of Substances Hazardous to Health (COSHH), Legionella, and fire safety. All of these documents and assessments relate to minimising risk with a view to keeping patients and staff safe. However this was being addressed by the dentist.

Furthermore, there was no clear schedule for testing and monitoring all of the equipment used on the premises. For example, compressor had not been serviced.

Leadership, openness and transparency

The nurse we spoke with described a transparent culture which encouraged candour, openness and honesty. They told us they were comfortable about raising concerns with the dentist. They felt they were listened to and responded to when they did so. They told us they enjoyed their work and were well supported by the dentist.

We discussed the Duty of Candour requirement in place on providers and the principal dentist demonstrated understanding of the requirement. They gave us

explanations of how they ensured they were open and transparent with patients. The explanations were in line with the expectations under the duty of candour. [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].

Learning and improvement

Staff had engaged in some continuing professional development (CPD), in line with standards set by the General Dental Council (GDC). However, we found that the practice did not have a system in place to monitor or record staff training. We identified gaps in training at the time of the inspection.

The practice did not have a structured plan in place to audit quality. For example, there had been no radiography or dental care record audit within the past 2 years

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

The practice carried out patient satisfaction surveys on an annual basis. Results were analysed to identify themes and trends. We reviewed the results of recently completed forms and they were very positive and also outlined any areas of improvements for the practice to consider.

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