

# Gabokun Dental Care Limited

# Green Lane Dental Centre - Penge

## Inspection Report

17 Green Lane,  
Penge  
SE20 7JA  
Tel: 020 8776 9776  
Website: [www.greenlanedentalcentre.co.uk](http://www.greenlanedentalcentre.co.uk)

Date of inspection visit: 17 September 2015  
Date of publication: 10/12/2015

### Overall summary

We carried out a comprehensive inspection of Green Lane Dental Centre on 17 September 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

#### **Background**

Green Lane Dental Centre is situated in Penge, South East, London, and provides NHS and private dental care services to patients of all ages.

The treatment rooms and the reception and waiting area are on the street level of the premises.

The practice had a registered manager, who is also the practice 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.

Thirteen people provided feedback about the service. The patient feedback we received was that they were happy with the care and treatment they received from the practice, and that the staff were helpful.

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

- The practice had systems to assess and manage risks to patients, including for infection prevention and control, health and safety and the management of medical emergencies.

# Summary of findings

- The practice carried out oral health assessments and planned treatment in line with current guidance for example from the Faculty of General Dental Practice (FGDP).
- Staff received training appropriate to their roles and told us they felt well supported to carry out their work.
- Staff ensured there was sufficient time to explain fully the care and treatment they were providing in a way patients understood.
- Patients were able to make routine and emergency appointments when needed.

- There were clearly defined leadership roles within the practice and staff told us they felt well supported and comfortable to raise concerns or make suggestions.

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

- Review availability of medicines and equipment to manage medical emergencies giving due regard to guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.

# 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 and adults from abuse, maintaining the required standards of infection prevention control and maintenance of equipment used at the practice. However we found improvements were needed in the arrangements for dealing with medical emergencies.

The practice assessed risks to patients and managed these well.

We found that staff were trained and there was most of the recommended equipment and medicines in place to respond to medical emergencies. The practice held most medicines recommended for treating medical emergencies.

In the event of an incident or accident occurring, the practice recorded them and took actions to rectify them. However improvements could be made to ensure the evidence of actions taken were robustly captured, and that staff were fully aware of incidents and events that needed to be externally reported.

The practice followed procedures for the safe recruitment of staff, this included carrying out Disclosure and Barring Service (DBS) checks, and obtaining references. However the staff records we reviewed did not always have the references on file. The practice manager informed us this was held by the practice administrator who was not available on the day of our inspection.

### **Are services effective?**

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

The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) for example, in regards to prescribing antibiotics and dental recall intervals. 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.

Staffs were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice. Improvements could be made in the staff awareness of The Medicines and Healthcare products Regulatory Agency (MHRA) alerts and dissemination of relevant reports.

### **Are services caring?**

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

The feedback we received from patients was that they were treated with care and concern. They told us that staff were kind, informative and attentive to their needs. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality when speaking with patients. Improvements could however be made in the storage of dental care records.

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

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

# Summary of findings

Patients had good access to appointments at the practice and emergency appointments were available on the same day. There was sufficient well maintained equipment, to meet the dental needs of their patient population. There was complaints information available in the reception area, and we saw that the practice responded to complaints in line with their policy.

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

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

Appropriate policies and procedures were in place. Staff were supported to access training and development relevant to their role and continuous professional development.

Staff informed us that there were monthly staff meetings to improve communication and share learning in the practice. However minutes of these meetings were not available for us to review on the day of inspection, though these were forwarded to us after our visit.

# Green Lane Dental Centre - Penge

## Detailed findings

### Background to this inspection

We carried out an announced, comprehensive inspection on 17 September 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dentist specialist advisor.

Prior to the inspection we reviewed information we held about the provider.

During the inspection we toured the premises and spoke with the staff team on the day: two dentists, three dental nurses, and the practice manager who is also a dental nurse. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We also reviewed information we asked the provider to send us in advance of the inspection. This included their latest statement of purpose describing their values and their objectives and a record of any complaints received in the last 12 months.

We received feedback from 13 patients. We reviewed patient feedback gathered by the practice over the last 12 months.

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 clear guidance for staff about how to report incidents and accidents. We saw records of reported incidents in the practice. We looked at the two incidents that had been recorded in the two years prior to our inspection. We saw that descriptions of the incidents that occurred were clearly recorded, but lacked detail. Also, there was no clear learning pathway for significant events.

The practice manager told us that specific meetings were arranged to discuss any incidents that occurred. However they told us that these were not minuted.

People who use services were told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result.

The practice responded to national patient safety alerts, but the manager informed us that they were not signed up or received medicines and equipment alerts information from MHRA that affected the dental profession.

There had been no Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) reports made in the practice in the last 12 months. An accident book was available in the practice, and there had been entries made in the book. However the entries lacked detail. The accident report forms were stored in the book, instead of a secure location, to protect any confidential information recorded. The practice manager was not fully aware of the notifiable incidents to various organisations, such as through the Yellow Card Scheme, online to the British National Formulary (BNF) or to the Care Quality Commission (CQC).

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

The practice had child protection and vulnerable adult policies and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse. The policies were readily available to staff, in printed form and on the practice's computer system.

The principal dentist was the safeguarding lead professional in the practice and all dentists had undertaken safeguarding training within the last 12 months. Dental

nurses attended safeguarding training as part of their five year cycle of continuing professional development (CPD). Staff we spoke with told us they were confident about raising any concerns with the safeguarding lead professional.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (needles and sharp instruments). The practice had a sharps policy, and we saw that sharps used in the practice were safely disposed of in sharps bins that were dated, signed and suitably located.

The practice had a robust needle stick injury protocol which identified local actions to take immediately following an injury, as well as referrals for occupational health services.

Sharps bins were well sited in the surgery rooms, and they were dated and signed at the start of their use. Full sharps bins and contaminated waste bags were stored in an appropriate locked container at the rear of the premises prior to collection.

The practice used dental safety syringes which had a needle guard in place to support staff and to dispose of needles safely. There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments.

Rubber dams were used in root canal treatments in line with guidance from the British Endodontic Society. [A rubber dam is a thin, rectangular sheet, usually of latex rubber, used in dentistry to isolate the operative site from the rest of the mouth.]

### Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff received annual first aid training. New staff were included in the full training as part of the annual training provided to all staff, but first aid was discussed with them as part of their induction training process.

The practice had a medical emergency kit which included emergency medicines and equipment. We checked the medicines and we found that all the medicines were within their expiry date. The practice did not hold stock of one medicine, Midazolam, on their list of emergency medicines. The practice manager told us that this was because they had been advised by their medicines supplier that

# Are services safe?

diazepam was acceptable, which was present in their stock. We found this advice was not as recommended in the British National Formulary (BNF) or by the Resuscitation Council (UK), and asked the practice manager to check this information for the practice. We also noted that the practice had no portable suction equipment in place.

The emergency equipment included an automated external defibrillator (AED) and oxygen. There was a system in place for checking the medical emergency kit. This included checking the expiry dates of medicines in the kit.

## **Staff recruitment**

The practice had a recruitment policy that described the process to be followed when employing new staff. This included obtaining proof of identity, checking skills and qualifications, registration with professional bodies where relevant, references and whether a Disclosure and Barring Service check was necessary. We looked at the staff files for the staff employed in the practice to check that the recruitment policy and procedures had been followed when these staff members were employed, and found that it was the case.

The practice had an induction system for new staff. The practice manager told us that this included a period where new staff were mentored, during which they could familiarise themselves with the practice's policies and procedures.

## **Monitoring health & safety and responding to risks**

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. There were health and safety checks in place which included equipment service documentation, and ensuring staff training and immunisations were up to date.

The practice maintained a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants, blood and saliva. Staff demonstrated awareness of COSHH when asked.

## **Infection control**

The head dental nurse and the practice manager were the infection control lead professionals and they worked to ensure there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, health and safety, safe handling of

instruments, managing waste products and decontamination guidance. We observed waste was separated into safe containers for disposal by a registered waste carrier and appropriate documentation retained.

Staff in the practice were aware of 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.

The equipment used in the practice, such as autoclaves and washer-disinfector, was regularly checked and records were kept of these checks.

We observed the practice environment to be clean and tidy on the day of our inspection. The practice had a contract in place with a cleaning company to carry out daily cleaning of the practice.

There were records showing a risk assessment process for Legionella had been carried out in the practice in 2011. The practice manager told us a more recent assessment was completed in early 2014 but records confirming this were kept by the practice administrator, who was unavailable during the inspection. (Legionella is a term for particular bacteria which can contaminate water systems in buildings.)

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a clear flow of these instruments from dirty through to sterilisation and date stamped packaging.

The practice's decontamination facility comprised a washer-disinfector, two autoclaves with data logger or printer. We found the decontamination facilities to be clean, tidy and well organised.

We observed a dental nurse cleaning equipment in the decontamination room, and found that they were following the recommended cleaning protocols. This included ensuring the process of initial rinsing and brushing of the instruments was carried out under water at the correct temperature, and that all instruments were removed from their trays before being processed.

The practice had received an infection prevention and control review and report in March 2015 by their local

# Are services safe?

commissioning team. Recommendations made in the report had been implemented; for example, the ordering of a new surgery dental chair and replacement of chairs in the waiting area and redecoration of the practice internally.

There were hand washing facilities in each treatment room and staff had access to good supplies of personal protective equipment (PPE), such as gloves and masks for patients and staff members. Staff and patients we spoke with confirmed that staff wore protective aprons, gloves and masks during assessment and treatment in accordance with infection control procedures. Staff had sufficient uniforms to allow them to use newly laundered ones daily.

## Equipment and medicines

We found that all of 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. The washer disinfectant had been serviced in February 2015, and the autoclaves tested in April 2015.

Portable appliance testing (PAT) was completed in accordance with good practice guidance, and there was certification in place demonstrating it was valid until July 2016. PAT is the name of a process where electrical appliances are routinely checked for safety.

A gas safety certificate was valid and in place from August 2015, and the fire safety equipment had been tested in May 2015.

Medicines stocked in the practice included local anaesthetics. Dental care records we checked showed that where medicines had been used during treatments, their batch numbers and expiry dates had been recorded in the records.

The practice had a dedicated fridge for the storage of medicines and the temperature was maintained within the recommended range.

Prescription pads were kept locked in the premises but there were no logs kept of their use. The practice staff informed us that only one prescription pad was made available in the surgery rooms at a given time to prevent them getting misplaced and mis-used.

## Radiography (X-rays)

The practice was not able to provide us with a specific radiation protection file demonstrating the maintenance of the X-ray equipment. However records were made available to us that showed all radiography equipment had been serviced in February 2014, and risk assessment and critical examination and acceptance testing had been carried out in 2014 by a reputable company.

The principal dentist was the radiation protection supervisor (RPS) for the practice. An external organisation, a local hospital, covered the role of radiation protection adviser. The practice did not ensure X-ray audits were undertaken at least on an annual basis.

Local rules relating to the intra-oral machines in the surgery rooms and the orthopantomogram (OPG) machine were displayed (OPG is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth. It is normally a 2-dimensional representation of these). Warning signs about the use of radiography were displayed outside the surgery rooms and in the OPG room. We observed that an obsolete X-ray developing machine was stored in the OPG room that could be disposed of.

We saw there were continuous professional development (CPD) records related to radiography for all staff that undertook radiography tasks.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs. The frequency to which patients were recalled was tailored to the individual.

The practice kept detailed electronic and paper records of the care given to patients. During the course of our inspection we checked dental care records to confirm the findings about the oral health assessments, treatment and advice given to patients. We found these were comprehensive and included details of the condition of the teeth, soft tissues lining the mouth and gums. We found records also routinely included lifestyle history such as smoking and alcohol use – where advice was often notated.

We saw evidence of risk assessments such as for periodontal disease, cancer, and dental caries in records of patient examination.

We found that there were many references in the notes to patients' wishes or concerns and treatment plans being explained in detail. Where treatment had been declined explanations had been given as to possible consequences.

Records showed assessment of the periodontal tissues was undertaken and recorded using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). BPE scores were noted in the records and the dentist planned treatment around the score that was achieved.

We found that all radiographs we reviewed were justified, reported and graded in line with current guidance.

### Health promotion & prevention

Patients were given advice regarding maintaining good oral health.

The practice provided preventative care and supported patients to ensure better oral health in line with 'The Delivering Better Oral Health toolkit'. (This is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting).

There were health promotion leaflets available in the practice to support patients look after their general oral health.

### Staffing

New staff to the practice, for example trainee dental nurses and dentists completing their foundation year, had a period of induction to familiarise themselves with the way the practice ran. Staff we spoke with confirmed they had been fully supported during their induction programme.

Staff told us they had good access to ongoing training to support their skill level and they were encouraged to maintain the continuous professional development required for registration with the General Dental Council (GDC). Records showed professional registration with the GDC was up to date for all staff and we saw evidence of on-going continuous professional development. Mandatory training included basic life support and infection prevention and control, and the provider had contracted an external training company to deliver these courses. Records showed staff had completed training in various topics within the last 12 months.

There were sufficient numbers of suitably qualified and skilled staff working at the practice. A system was in place to ensure that where absences occurred staff would cover for their colleagues.

Dental nurses were supervised by the dentists and supported on a day to day basis by the practice manager. The dental nurses each worked the same rota as a particular dentist. Staff had access to the practice computer system for policies and protocols that further supported them in the workplace. This included current dental guidance and good practice. Staff told us they had received appraisals and reviews of their professional development.

### Working with other services

# Are services effective?

(for example, treatment is effective)

The practice worked with other professionals in the care of their patients. Referrals were made to specialist services such as orthodontic services for children, and patients with complex health needs were referred to the local hospital for further investigations or specialist treatment.

## **Consent to care and treatment**

Patients who used the service were given appropriate information and support regarding their dental care and treatment, and notes regarding this were made in their records.

All staff received training on the Mental Capacity Act 2005. The Mental Capacity Act (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.

# Are services caring?

## Our findings

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

We received feedback from 13 patients. The patient feedback indicated they were happy with the care and treatment they received from the practice, and that the staff had a positive attitude.

Staff we spoke with were aware of the importance of providing patients with privacy and maintaining their confidentiality. Doors were always closed when patients were in the treatment rooms.

We observed that staff were helpful and courteous to patients, both on the phone and in person, during our inspection.

However we noted that improvements could be made in the storage of dental care records. The practice had six

filing cabinets containing patients' paper records in the corridor outside the surgery rooms, so located such where they could be seen or accessed by unauthorised person. Four of these cabinets were unlocked.

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

The practice displayed information in the waiting area that gave details of NHS dental charges and private fees. The practice website was not in operation at the time of our inspection. The practice manager told us that the website was undergoing a redesign.

Staff told us that treatments, risks and benefits were discussed with each patient to ensure the patients.

The dental care records we checked indicated that costs and options were carefully explained to patients and noted.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots to accommodate urgent or emergency appointments.

We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting with long delays.

### Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services that included access to telephone translation services.

The practice premises were on street level and accessible to people in wheelchairs though they might require some assistance. There was a ramp to allow access through the main entrance. There were also no wheelchair accessible toilet facilities.

### Access to the service

The practice did not display its opening hours in their premises. The practice staff told us that this was because they had recently been redecorating the premises so some displayed information had been taken down. The practice did not have clear instructions for patients requiring urgent dental care when the practice was closed.

However, patient feedback indicated that patients felt they could get appointments when they needed them.

### Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints policy and information for patients about how to complain was available in the reception area. The policy included contact details of external organisations that patients could contact if they were not satisfied with the provider's response to a complaint. There had been one complaint in the last year and it had been dealt with in line with the advertised policy.

A box to submit responses to the friends and family test questionnaire were available in the waiting room.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had good governance arrangements and a management team, with clear reporting lines.

Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. The practice staff told us they had regular meetings involving all staff, and that minutes of these were held by the practice administrator. As the practice administrator was unavailable during the inspection, we were unable to review any meeting minutes. However, minutes of a March 2015 staff meeting were shared with us after our visit. The practice had arrangements for identifying, recording and managing risks.

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

Staff we spoke with told us that they felt supported by the principal dentist and practice manager.

The practice manager is the registered manager. We had some concerns that certain key information was not available to the registered manager during our inspection, as these were held by the practice administrator or principal dentist. This included some staff records, and

governance documentation. As the registered manager is responsible for ensuring that the practice complies with the relevant regulations, access to these documents would be important.

### **Learning and improvement**

There was a mandatory training programme in place, and staff had access to a range of training and development opportunities relevant to their roles.

We reviewed the training records for the clinical staff team and we saw that they had completed training in line with the practice's programme.

The practice completed regular audits such as on infection control and quality of X-rays. Evidence of these audits having been undertaken was shared with us after our visit.

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

The practice staff told us they held regular meetings. Staff had access to policies and procedures, received regular training and appraisals. The practice had gathered feedback from patients through the friends and family test (FFT). We reviewed the comments received over the last four months and they were mostly positive. However we noted that the results from the FFT were not shared with the practice patients.