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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 9 June 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

Selhurst Dental Practice is located in the London Borough of Croydon and provides mainly NHS dental services but has a small number of private patients. The demographics of the practice was mixed, serving patients from a range of social and ethnic backgrounds. The

practice is open Monday to Fridays from 9:00 am to -5:00 pm. The practice facilities include three consultation rooms, large reception and waiting area, an administration office and wheel chair accessible toilet facilities for patients.

At the time of our visit there was no registered manager in place. The provider had made an application to the Care Quality Commission for the practice manager to become the registered manager; however they were waiting for this process to complete. 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.

We received feedback from eight patients as part of the inspection process. Patients' feedback was positive and they were happy with staff and the physical environment of the practice.

Our key findings were:

- Patients' needs were assessed and care was planned in line with best practice guidance
- Patients were involved in their care and treatment planning so they could make informed decisions
- There were effective processes in place to reduce and minimise the risk and spread of infection

Summary of findings

- There were appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies.
- All clinical staff were up to date with their continuing professional development.
- There was appropriate equipment for staff to undertake their duties, and equipment was maintained appropriately.
- Appropriate governance arrangements were in place to facilitate the smooth running of the service. However the practice was not adhering to all of the governance arrangements in place.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The provider had systems in place to ensure people were safeguarded from abuse. Staff were trained to the appropriate level for child protection and had completed adult safeguarding training. The safeguarding policy was up to date and staff were aware of their responsibilities. Systems were in place for the provider to receive safety alerts from external organisations. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. The practice had risk assessments in place and there were processes to ensure equipment and materials were well maintained and safe to use. They had safe systems in place for decontamination of dental instruments. Medicines and equipment were available in the event of an emergency.

Are services effective?

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance, such as from the National Institute for Health and Care Excellence and The Department of Health (DoH). Patients were given relevant information to assist them in making informed decisions about their treatment.

The practice maintained appropriate medical records and details were updated appropriately. Information was available to patients relating to health promotion including smoking cessation and maintaining good oral health.

All clinical members of the dental team were meeting their requirements for continuing professional development.

Are services caring?

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

Feedback from patients indicated that staff were friendly, professional, caring and treated patients with dignity. We received feedback from eight patients which included completed Care Quality Commission (CQC) comment cards and patients we spoke with. Patients were complimentary about staff describing them as friendly and caring. Patients told us they were involved with their treatment planning and able to make informed decisions. They said that staff acted in a professional manner and were helpful. They commented that the practice was clean and tidy and they did not have problems accessing the service.

Are services responsive to people's needs?

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

Patients had access to the service which included information available via the practice website. The practice did not have a practice leaflet; however the practice manager was in the process of developing one. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours details of the '111' out of hours service was available for patients' reference. Patients were also referred to the provider's other dental locations that operated evening appointments.

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

Summary of findings

Are services well-led?

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

Governance arrangements were in place for the management of the practice. Audits were being used to improve the practice and staff we spoke with were trained, confident in their work and felt well-supported.

However we found areas that required improvements. The practice was not following some of the organisation's policies and procedures. Staff meetings were not held frequently and staff were not receiving annual appraisals. Opportunities existed for staff development and this was mainly made available to staff through the provider's weekly newsletter circulated by their head office. The practice had collected approximately 215 completed patient satisfaction surveys since August 2014. However they had not analysed the feedback to help improve the service.

Selhurst Dental Care

Detailed findings

Background to this inspection

The inspection took place on the 9 June 2015 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information provided by the provider and information available on the provider's website.

We reviewed information received from the provider prior to the inspection. We also informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

The methods used to carry out this inspection included speaking with one of the dentists', dental nurses, reception staff and patients on the day of the inspection, reviewing CQC comment cards, reviewing documents 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

Safety and medical alerts were sent to the practice via their head office. This included alerts from the NHs and commissioning unit. The practice manager told us that all alerts were passed on to relevant staff as and when appropriate to do so.

The practice had an incidents and accident reporting procedure. All incidents and accidents were reported in the incident and accident books. The practice manager told us that if relevant they were also discussed with staff during team meetings to share learning from the event. All staff we spoke with were aware of reporting procedures including who and how to report an incident to. We reviewed the incidents and accidents log and there had been two reported over the past 12 months. We saw that they were responded to appropriately. We saw that the provider's response was in line with expectations under the duty of candour.

We reviewed the significant events log and saw they were recorded/ analysed appropriately.

There had not been any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents, within the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. The local authority safeguarding referral reporting flowchart was displayed clearly in the staff room for quick reference for staff. The flowchart included details of the relevant person to contact in the event of needing to report a safeguarding concern. Dentists had completed child protection training up to level three. The nurses and administration staff had completed child protection training to level two. All staff had also completed adult safeguarding training. All staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth].

New patients were required to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit. We reviewed patient records and saw that medical histories had been updated appropriately.

Medical emergencies

The provider had appropriate arrangements to deal with medical emergencies. There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Staff also had access to emergency equipment on the premises including 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]. We saw records of the daily checks that were carried out to the equipment and drugs to ensure they were not past their expiry and in working order in the event of needing to use them.

All clinical staff had completed recent basic life support training which was repeated annually. There was a new member of staff who had not completed medical emergencies training at the time of our visit. However the practice manager told us that this was scheduled to take place soon. All staff were aware of where medical equipment was kept and knew how to use the AED and oxygen.

Staff recruitment

There was a full complement of the staffing team. The team consisted of four part-time dentists and four part-time nurses. We saw confirmation of all clinical staff registration with the General Dental Council (GDC).

The provider had a compliance checklist for all new staff which included confirming professional registration details, proof of address, proof of identification, references (two clinical and two non-clinical), disclosure and barring

Are services safe?

services check and immunisation proof. This checklist was in line with pre-employment checks providers are expected to carry out. We reviewed staff files and saw that all documents on the checklist had been provided for the staff whose files we reviewed.

The provider had procedures in place to carry out and update disclosure and barring services checks periodically. DBS checks for practice managers were carried out every six months, dentists were updated every three years and non-clinical staffs' were updated every five years. We saw that DBS checks had been obtained for staff in accordance with the organisations procedure.

All staff had the required registration with the General Dental Council (GDC) to carry out their duties. The principal dentist told us that the staff team were very experienced and competent to carry out their duties.

Monitoring health & safety and responding to risks

There were appropriate arrangements in place to respond to and deal with risks and foreseeable emergencies. This included having a business continuity plan in place and carrying out risk assessments. The business continuity plan covered events such as a power failure and flooding in the premises.

The provider had a health and safety folder with policies and procedures relating to maintaining health and safety. This included first aid and accident reporting, manual handling, mercury handling, violence and well-being at work and noise and vibrations. The policy folder had been updated in November 2014 and was due for review in November 2015.

A fire risk assessment had been carried out in September 2014. Areas of improvement had been identified. For example the risk assessment picked up that a new smoke alarm was required because it was difficult to hear it in some parts of the building. We saw that this action had been logged with the head office however the installation had not been completed at the time of our visit. The practice manager assured us that it was in hand and head office would be rectifying it soon. Individualised risk assessments were also completed for staff. The assessment looked at occupational risks associated with driving, manual handling, lone working and physical agents. Risks were identified appropriately and ways to avoid them were outlined. We reviewed the individual risk assessments for four members of staff and they were appropriate.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. One of the dental nurses was the infection control lead.

There was a designated decontamination room which was clearly labelled from dirty to clean to minimise the risks of cross contamination. There was a washer disinfectant, two autoclaves and two sinks for decontamination of instruments. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'. This included carrying used instruments in a lidded box from the surgery; washing in a washer disinfectant; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry was clear. We checked instruments in one of the surgeries and found that not all of the pouched instruments were date stamped. We also noted that the practice was not using disposable trays. Instead they were using trays with liners and changing the liners after each use. This meant that the trays were not sterilised and therefore were at risk of being contaminated if substances leaked through the liner. The compliance manager who was present at the inspection advised us that this type of tray was not the standard tray used across the organisation's practices and they would ensure that the correct trays were put into use immediately.

We saw records of all the checks and tests that were carried out on the autoclave to ensure it was working effectively. This included daily check to the temperature and parameters. The checks and tests were in line with guidance recommendations. We also saw records of the tests carried out on the washer disinfectant.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored at the front of the building which was on a busy high street. The waste bin was fixed securely. During our inspection we noticed that the waste bin was open. We discussed this with staff and they advised that it was

Are services safe?

because it was due to be collected. The risks associated with the location of the waste bin were discussed and the manager agreed that they would find a suitable alternative location at the rear of the building.

The surgery was visibly clean and tidy. There were stocks of personal protective equipment for both staff and patients such as gloves and disposable aprons. There were enough cleaning materials for the practice. Wall mounted paper hand towels and hand gel was available as were clinical waste bins. The dental nurses cleaned 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 and wiping down all surfaces and the dental chair in-between patients.

A Legionella risk assessment had been carried out in April 2015 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Purified water was used in dental lines and managed with a purifying solution. Taps were flushed daily in line with recommendations.

The practice had carried out an infection control audit in May 2015. No issues had been identified. An infection control audit by the local area team was planned for the end of June 2015.

Equipment and medicines

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

in place for the maintenance of equipment such as the autoclave and ultrasonic cleaner. We saw documents confirming that appropriate servicing was taking place. The autoclave was serviced annually, having last been serviced in March 2015 and the pressure vessel was serviced in September 2014. The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in January 2015 and due for re-test in January 2016.

Medication was stored appropriately in a secure location.

Radiography (X-rays)

One of the dentists was the radiation protection supervisor (RPS). All relevant staff had completed radiation training which was repeated annually. The practice had an external radiation protection adviser (RPA). The practice had records in their radiation protection file demonstrating maintenance of x-ray equipment.

Staff told us that radiographic audits were carried out every six months. Whilst we saw that audits were being completed they were not dated so we could not be assured how frequently they were being carried out. We reviewed one set of audits and saw that the dentist was recording the justification but not the grading. Also, some of the radiographs had shown evidence of being taken with incorrect positioning of the beam but the dentist had not recorded why this had occurred. This meant the audits could not be used meaningfully for the learning purposes.

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 legislation. This included following the National Institute for Health and Care Excellence (NICE) and the British National Formulary (BNF) guidance.

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

Health promotion & prevention

Staff told us that information and advice relating to health promotion and prevention was given to patients during consultations. They explained that health promotion and prevention was an important part of their consultations with patients. This included going through teeth brushing techniques and dietary matters. Printed information was available for patients in the waiting area. This included a range of leaflets relating to smoking cessation and oral health care.

Staffing

Opportunities existed for staff to pursue development opportunities. We saw the weekly provider newsletters that made staff aware of training and development opportunities. For example one of the newsletters circulated in March made staff aware of information governance toolkit training that should be completed.

All the clinical staff had current registration with their professional body, the General Dental Council and were all also up to date with their continuing professional development requirements. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 every five years]. We reviewed staff files and saw that staff had completed the appropriate training and had relevant qualifications to enable them to provide treatment and care to patients.

Working with other services

The provider had arrangements in place for working with other health professionals to ensure quality of care for their patients however the practice were not following the organisational procedure guidelines at a local level. Despite this we saw that referrals were appropriate. For example we saw a referral one of the dentists' made to a local hospital for an extraction. The letter had relevant details about the patient including the reason for referral and personal information. The practice were also making referrals for suspected cancer cases within the two week guideline timeframe.

Consent to care and treatment

The standard NHS form was used to document consent. Staff confirmed that consent was given verbally in most instances and this was recorded in the patient's record. Additional consent forms were required for treatments such as teeth whitening and bleaching treatments.

Staff whom we spoke with understood the requirements of the Act, including the best interest principle and Gillick competence though they had not received formal training in the Mental Capacity Act (MCA) 2005 [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them]. However some staff felt that training would be beneficial to consolidate learning as they were uncertain of all the steps to assess capacity. The compliance manager told us that MCA training was currently being planned by the provider, as a full time trainer had been employed to deliver core training including MCA training.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from eight patients (this included completed CQC comment cards and patients we spoke with). Generally feedback was very positive. Staff were described as nice, friendly, and caring. We were told by patients that they felt respected by staff and their privacy was maintained during consultations.

The practice carried out patient surveys but the results had not been analysed. We reviewed a small sample and saw that patients had indicated that they were generally satisfied with staff courtesy and friendliness.

We observed staff interaction with patients in the waiting room and saw that staff interacted with patients in a respectful manner. Staff told us that consultations were in private and we observed that this happened with doors being closed and the conversations could not be overheard. The environment of the practice was conducive to maintaining privacy.

Patients' information was held securely electronically and we were told it was backed up off-site. All computers were password protected with individual logins.

Involvement in decisions about care and treatment

Staff we spoke with told us they always explained the diagnoses to patients and never carried out treatment if a patient was unsure. We were given examples of how patients were involved in decisions about their care and treatment and the examples were in line with what would be expected. The medical records we reviewed also demonstrated that people were involved in planning because it was documented in their clinical notes. For example we saw that the consequences and benefits of treatment were explained and the options available to them for treatment were also outlined.

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that things were explained well and they were asked if they understood the treatment being offered. Treatment options were discussed with them and they commented that they were given time to think about their options.

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. The practice is open Monday to Fridays from 9.00am-5.00pm. In the event of a patient needing an appointment outside of these times, there was a message on the practice telephone directing patients to call the out of hours '111' service. Alternatively patients could attend one of the provider's other dental locations that operated later opening times till 8pm. Staff told us there was a message on the practice website making patients aware of this.

The practice manager told us that reasonable adjustments were made to respond to patient's needs. For example, as the clinical staff were all female, in the event that a male patient wanted to see a male dentist they would offer this and refer to one of the provider's other locations.

Tackling inequity and promoting equality

The manager told us that the local population was mainly Afro Caribbean and Asian and the patient population was reflective of this. The staff team was diverse and staff spoke different languages including, English, Arabic and French. This diversity in the staffing structure enabled them to reduce inequality for patients accessing the service. Staff also had access to translation services if patients spoke another language that staff did not speak. There was a sign in the reception area making patients aware of the translation service.

There was step free access to the building via a ramp and once inside space for wheelchair users and prams to manoeuvre around the building.

Access to the service

There was a practice website with information about the practice, treatments on offer, payment options and contact

details. There were general leaflets about the provider but not a leaflet specifically for the practice location with information about the practice. The practice manager told us that they were in the process of developing one.

Appointments were booked by calling the practice, booking online or in person by attending the practice. Emergency appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had an emergency they were asked to come in and wait, and would be seen as soon as possible.

Feedback received from patients indicated that they were happy with the access arrangements. All the patients we spoke with were aware of how to access emergency treatment in the event of needing to.

Staff told us that cover arrangements were in place with the providers' other dental locations in the area in the event that the practice needed to close, staff sickness or staff leave.

Staff and patients told us that appointments generally ran to time. Staff said if the dentist or hygienist was running behind time they always let patients know.

Concerns & complaints

The provider had a complaints manual and procedure in place which had been updated in June 2015. The manual included receiving, handling and resolving complaints. At the time of our visit there had been four complaints in the past 12 months. We reviewed the complaints and they had been handled in line with the policy. The patients' affected had been written to with a full explanation of how their complaint had been resolved/ dealt with and refunds given where appropriate. Staff we spoke with demonstrated that they were aware of their procedure and explanations of how they would deal with a complaint were in line with their policy.

A leaflet was available to patients outlining how to complain and how complaints were handled.

Are services well-led?

Our findings

Governance arrangements

At the time of our visit there was no registered manager in post. The practice manager was assuming the duties. The relevant applications had been submitted late to the Care Quality Commission but had not been processed at the time of our inspection.

There were a range of policies and procedures to ensure effective governance arrangements were in place. This included health and safety policies, staffing and recruitment policies and an infection control policy. Policies were available to staff electronically on their computers. Whilst these policies were in place we saw evidence that the practice were not always adhering to and following the organisational policies and procedures. For example there was a procedure in place for referrals including completing a checklist of activities to complete for referrals. This was to ensure details were documented appropriately so they could be followed up effectively and progress tracked. The checklists were not being completed and referral letters were not on patient files so it was difficult to track the progression of a referral.

In addition to this there was an organisation procedure for staff appraisals which was not being followed. Staff were supposed to receive appraisals annually. At the time of our visit staff had not received appraisals for at least the previous two years.

There were no formal processes in place for staff to receive one to one support, although the practice manager told us that informal meeting were held when necessary. Despite this, staff we spoke with told us that they felt supported and knew who to go to in the event of needing assistance or guidance. The organisational policy was for staff meetings to be conducted once a month. At the time of our visit practice meetings had only been held in January 2015 and May 2015. This was not in line with governance arrangements for the organisation. The meetings did cover the core agenda items required by their policy.

Dental care records we reviewed were complete, legible and accurate and stored securely on computers that were password protected.

Leadership, openness and transparency

The practice's statement of purpose reflected that of the organisation and was in the provider information leaflet. Staff spoke proudly of the service and the work they carried out, which was reflective of the vision they were aiming to achieve.

The practice manager told us that they encouraged staff to be open and transparent and that they led by example and did the same. We reviewed the complaints log and looked at one relating to a patient who was not happy with the treatment they received. The dentist explained how the complaint was dealt with and we also reviewed the paperwork. We saw that the patient had received a letter outlining how it was investigated, the action taken and an apology. We saw that the complaint was handled in line with their policy and expectations under the duty of candour. [Duty of candour is a requirement 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].

Management lead through learning and improvement

All clinical staff were up to date with their continuing professional development (CPD). Appraisals were not being conducted so we were unable to identify how developmental opportunities were being identified formally.

Formal practice meetings were not held frequently however staff were updated through a communication board in the staff room. The communication board included information relating to staff successes, reminders about training and general organisation updated. Weekly newsletters were circulated by the head office which included information such as data protection updates, training opportunities for staff and policy updates. We saw the newsletter for the 30 March 2015 and saw that there were updates relating to CQC's new inspection process, Health and Safety Executive update relating to radiation and guidance on completing the local authority forms.

Various audits had been carried out as part of on-going improvement and learning. This included a practice record keeping audit and a clinical audit for each dentist. The record keeping audit looked at 15 patient records and highlighted weaknesses identified. Actions for improvement were set to ensure improvements in note keeping. The clinical audits covered looking at clinical care, appropriate diagnosis, evaluation and record keeping.

Are services well-led?

Areas of improvements were identified with action plans set. Issues identified were a lack of grading radiographs and lack of preventative care. We saw that plans were in place to improve this.

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

The practice had collected approximately 215 completed patient satisfaction surveys since August 2014. However they had not analysed the feedback so were not able to demonstrate that they had acted on feedback from

patients. Further to this the analysis of the previous years' feedback had also not been carried out. The organisation policy was for patient feedback to be analysed every six months and sent to head office for further analysis. Results of the patient surveys were supposed to be displayed in the patient waiting area. This process was not happening at the practice.

We did not see any example of where the practice had sought or acted on feedback from staff.