

Mrs. Mariya Khambati

Mrs Mariya Khambati - Leytonstone

Inspection Report

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Overall summary

We carried out this announced inspection on 26 February 2020 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Mrs Mariya Khambati – Leytonstone is in the London Borough of Waltham Forest and provides NHS dental care and treatment for adults and children.

The dental team includes the principal dentist, one associate dentist, one dental nurse and one trainee dental nurse. The clinical team are supported by a receptionist. The practice has two treatment rooms.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected 49 CQC comment cards filled in by patients and spoke with four other patients.

During the inspection we spoke with the principal dentist, the associate dentist, the dental nurse, trainee dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 9am and 5pm on Monday to Fridays:

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that the staff team had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had an infection prevention and control policy. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had procedures for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water

systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

The practice had cleaning schedules, which were reviewed and monitored to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated, stored and disposed of appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff.

The provider had whistleblowing policies and procedure. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at six staff records. These showed the provider followed their recruitment procedure. Appropriate checks including confirming identity, proof of conduct in previous employment and Disclosure and Barring Services (DBS) checks were carried out for all relevant staff.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Are services safe?

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Records were kept which showed that the fire detection and safety equipment was checked and serviced regularly.

The practice had arrangements to ensure the safety of the X-ray equipment. We saw the required radiation protection information was available and the X-ray equipment was serviced and tested in line with current published guidelines and legislation.

We saw evidence the dentists, graded the radiographs they took. A review of patient dental care records showed that the dentists recorded the justification for taking dental radiographs and reported on the findings to support clinical diagnosis and treatments provided. The provider carried out radiography audits every year following current guidance and legislation.

The dentists and the dental nurse completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. Staff followed the relevant safety regulation when using needles and other sharp dental items. There was a sharps risk assessment to identify risks associated with the use and disposal of dental sharps.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Emergency medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available and within their expiry date. Emergency equipment was available with the exception of the full range of oxygen masks for use with the self-inflating reservoir. These items were ordered on the day of our inspection and available at the time of completing this report.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

The practice had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. There was a record of hazardous substances used at the practice. The risks associated with use or accidental exposure to these items were assessed and kept under review to reduce risks to patients and staff.

Information to deliver safe care and treatment

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete and legible.

Records were kept securely and in compliance with General Data Protection Regulation requirements.

The practice had suitable systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. There were arrangements to check that all referrals were received and that patients were called for an assessment or treatment.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

Are services safe?

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentist was aware of current guidance with regards to prescribing medicines.

An antimicrobial prescribing audit had been carried and this indicated the dentist was following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had systems for reviewing and investigating should things go wrong.

In the previous 12 months there had been two safety incidents. These related to patients feeling unwell during or after treatment. We saw that both incidents had been managed appropriately. Records showed that a review of each incident was discussed with the practice team to identify any areas for learning or improvement.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The dentists told us that they kept up to date with current evidence-based practice to delivered care and treatment in line with current legislation, standards and guidance. They undertook relevant training and professional development courses.

Helping patients to live healthier lives

The dentists told us they provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. They said they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists told us that where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. They also described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. We saw that details of these discussions were recorded within the patient dental care records.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff team were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after (in the care of the local authority). The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The dentist described how they assessed patients' treatment needs in line with recognised guidance. The dental care records, which we sampled were clearly written and included details and information about the patients' medical history, current dental needs and past treatment.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

There were suitable arrangements to ensure that staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

We confirmed the dentists and the dental nurse completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

The dentists told us they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. There were suitable arrangements to make and monitor referrals to ensure that patients received timely and appropriate treatment. There were systems to follow up on referrals made to ensure that patients had been assessed or treated.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were welcoming, kind, caring, helpful and friendly. We saw staff treated patients respectfully and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were empathetic and understanding.

Patients told us staff were compassionate and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was open plan in design. The receptionist was mindful when dealing with patients in person or on the telephone. If a patient asked for more privacy, the practice would respond appropriately.

The two dental surgeries were connected via a door which meant that conversations could be overheard. The dentists told us that they were unable to change the layout of the premises but would explore ways in which they could reduce this.

Staff did not leave patients' personal information where other patients might see it.

Staff stored paper records securely.

Involving people in decisions about care and treatment

The dentist told us they supported patients to be involved in decisions about their care. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

- Interpreter services were available for patients who did not speak or understand English. Patients were also told about multi-lingual staff that might be able to support them. For example staff working at the practice spoke the following languages including Hindi, Gujarati, Urdu, Arabic, Bulgarian and Russian.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Patients confirmed that the dentist listened to them, did not rush them and discussed options for treatment with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example study models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults with a learning difficulty.

Patients described high levels of satisfaction with the responsive service provided by the practice.

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

49 cards were completed, giving a patient response rate of 98%

100% of views expressed by patients were positive.

Common themes within the positive feedback were satisfaction with dental care and treatment, easy access to dental appointments and the friendliness and helpfulness of staff.

We shared this with the provider in our feedback.

The practice regularly invited patients to comment and give feedback about their experience of using the service. Feedback they provided aligned with the positive views expressed in completed comment cards.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

The layout of the practice which was located on the ground floor of the building provided step free access to one of the dental surgeries. The size and layout of the premises did

not afford provision for accessible toilet facilities. Staff had considered the needs of people who have a disability and had an action plan to assess and improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. We saw that patients who requested urgent appointments on the day were seen promptly.

Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Patients who required emergency dental treatments when the practice was closed had access to the NHS 111 out of hour's service.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

Staff told us the principal dentist took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

There was a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The practice aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice had dealt with their concerns.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at comments, compliments and complaints the practice received within the previous 12 months. The practice had received numerous positive comments. No complaints or concerns were raised about the practice within the previous three years.

Are services well-led?

Our findings

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

Leadership capacity and capability

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service.

The practice staff demonstrated a transparent and open culture in relation to people's safety. There was strong leadership and emphasis on continually striving to improve. Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. The information and evidence presented during the inspection process was clear and well documented. They could show how they sustain high-quality sustainable services and demonstrate improvements over time.

Culture

Staff stated they felt respected, supported and valued. They were happy to work in the practice.

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Policies and procedures were available and these were reviewed regularly.

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, for example surveys and audits was used to ensure and improve performance. Performance information was combined with the views of patients.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider used patient surveys to obtain staff and patients' views about the service. We saw examples of surveys which indicated that patients were very satisfied with the services they received.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. The results of the most recent surveys showed that 100% of patients who participated said that they would be extremely likely or likely to recommend the practice to family and friends.

The provider gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation. There were regular staff meetings where information and the outcome of audits carried out were reviewed and discussed.

The provider had systems and processes for learning, continuous improvement and innovation.

These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

Are services well-led?

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

The dentists and the dental nurse completed the 'highly recommended' training as per General Dental Council professional standards.