Dr Thuha Jabbar

Peace Dental Centre

Inspection Report

38 Chichele Road
Cricklewood
London
Brent
NW2 3DD
Tel:0208 452 1895
Website:http://www.peacedental.co.uk/

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Overall summary

We carried out a comprehensive inspection of Peace Dental Centre on the 21st May 2015. The practice offers both NHS and private treatments. The staff structure of the practice consists of a principal dentist, two associate dentists, a dental nurse, a receptionist and two trainee dental nurses.

We spoke with two patients who used the service on the day of our inspection and reviewed 11 CQC comment cards that had been completed by patients prior to the inspection. The patients we spoke with were complimentary about the service. They told us they found the staff to be friendly and informative and felt they were treated with respect. The comments on the CQC comment cards were also very complimentary about the staff and the service provided.

During the inspection we spoke with four members of staff, including the principal dentist.

To assess the quality of care provided by the practice, we looked at practice policies and protocols and other records. Our key findings were as follows:

- There were appropriate infection control procedures in place to minimise the risk and spread of infection.
- Patients were involved in their care and treatment planning.
- There was appropriate equipment available for staff to undertake their duties and the equipment was well maintained.
- Patient's needs were assessed and care was planned and delivered in line with current guidance, for example, from the National Institute for Health and Care Excellence (NICE).
- Patients told us they were treated with dignity and respect and involved in treatment planning.
- The practice had procedures in place to take into account any comments, concerns or complaints.
- The principal dentist had a clear vision for the practice. Staff told us they felt well supported and comfortable to raise concerns or make suggestions. There were appropriate governance arrangements in place.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

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

- Maintain accurate, complete and detailed records relating to employment of staff. This includes making appropriate notes of verbal reference taken and ensuring recruitment checks, including references, are suitably obtained and recorded.

Summary of findings

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Ensure a business continuity plan is put in place for the practice.

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 the 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. The practice assessed risks to patients and managed these well.

Medicines were available in the event of an emergency. However the practice did not have an automated external defibrillator (AED) in line with Resuscitation Council (UK) guidance.

The practice followed procedures for the safe recruitment of staff, this included carrying out DBS checks, and obtaining references. However the practice did not always keep accurate records of reference taken.

Are services effective?

We found that the 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 wisdom teeth removal 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.

Staff 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.

Are services caring?

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

The patients we spoke with told us they were treated with dignity and respect. They told us that staff were kind, informative and attentive to their needs. The CQC comment cards were very positive about the service provided by the practice. We observed that staff treated patients with kindness and respect and were aware of the importance of confidentiality.

Are services responsive to people's needs?

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

Patients had convenient 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 a complaints policy clearly publicised in the reception area. We saw that the practice responded to complaints in line with the complaints policy.

Are services well-led?

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

Summary of findings

The principal dentist had a clear vision for the practice that was shared with the staff. Staff felt supported by the principal dentist and there were regular meetings where staff were given the opportunity to give their views of the service. There were good governance arrangements and an effective management structure. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. However the practice did not always maintain accurate records of the staff they employed.

Peace Dental Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced inspection on 21 May 2015. This inspection was carried out by a CQC Inspector and a specialist advisor.

We informed the NHS England local area team that we were inspecting the practice and did not receive any information of concern from them. We reviewed information received from the provider prior to the inspection. The practice sent us their statement of purpose, a summary of complaints they had received in the last 12 months and details of staff working at the practice. We also reviewed further information on the day of the inspection.

We spoke with two patients who used the service on the day of our inspection and reviewed 11 CQC comment cards that had been completed by patients prior to the inspection. We also spoke with four members of staff, including the principal dentist. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 suitable processes around reporting and discussion of incidents. There have not been any incidents over the past 12 months. However staff described the type of incidents that would be recorded and this was in line with their policy.

The principal dentist understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. The practice had not had any RIDDOR incidents over the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice manager was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had both adult and children safeguarding policies. The policies had been reviewed in January 2015 and were scheduled to be reviewed again in January 2016. The policies included procedures for reporting safeguarding concerns and contact information for the local safeguarding teams. Staff we spoke with had completed safeguarding training and were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. The practice had not had any situations which they had needed to refer for consideration by safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. For example they had an infection control policy, health and safety policies, processes for disseminating Medicines and Healthcare Products Regulatory Agency (MHRA) safety alerts and followed the Control of Substances Hazardous to Health (COSHH) guidance. Staff had received training for responding to sharps injuries (needles and sharp instruments). There was a fire alarm and regular fire drills.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. Dental care records contained patients' medical history that was obtained when people first signed up at the practice and was updated when patients visited the practice for a check-up or treatment. The records we saw were well structured and contained sufficient detail for any dentist to know how to safely treat a patient.

The practice followed national guidelines such as use of a rubber dam for root canal treatments. [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.

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included Cardiopulmonary resuscitation (CPR) training. 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 emergency equipment included oxygen. However we found they did not have an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. [An AED is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electric shock, known as defibrillation, which helps the heart re-establish an effective rhythm]. Staff were trained to use the emergency equipment. There was a system in place for checking the medical emergency kit. This included checking the expiry dates of medicines in the kit. We saw evidence these checks were made weekly.

Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, follow up two references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had carried out checks for staff who worked in the practice. However, we found that the practice did not always maintain accurate, complete and detailed records relating to employment of staff. For example there were no records of verbal references taken up for two staff who worked at the practice. The principal dentist told us that they had obtained verbal references for these staff members, but this had not been documented.

Are services safe?

Monitoring health & safety and responding to risk

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was continually being updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for fire safety, the use of various pieces of equipment and environmental building issues. The assessments were reviewed six monthly and included the controls and actions to manage risks. However, the practice did not have a comprehensive business continuity plan to deal with emergencies that could disrupt the safe and smooth running of the service.

Infection control

There was an infection control policy in place. The policy detailed procedures for issues such as decontamination of dental instruments, hand hygiene, protective equipment, handling of clinical waste and the use of personal protective equipment . We saw evidence that showed the dentist and other members of staff were vaccinated against Hepatitis B. This meant that patients were protected against Hepatitis B infection from staff. The dental nurse was the infection control lead professional and they worked with the practice staff to ensure the infection control policy and set of procedures were followed to help keep patients and staff safe. We found the practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)' and The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

The principal dentist told us the practice ran regular training sessions that covered infection control issues. The staff we spoke with confirmed that they had received infection control training and were able to describe their role in reducing the spread of infection.

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. We saw that an illuminated magnifier was used to make it easier to see any residual contamination. Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection. Infection control audits were carried out at least every six months. The last infection control audit had been carried out in April 2015 and had identified that hand cream needed to be made available to all clinical staff. We saw that the practice had acted on this and made hand cream available to staff.

We observed the practice was clean and tidy. There was a cleaning schedule displayed for staff to follow. Cleaning equipment and materials were stored appropriately in line with Control of Substances Hazardous to Health (COSHH). COSHH is the law that requires employers to control substances that are hazardous to health.

The dental water lines were maintained in accordance with current guidelines to prevent the growth and spread of Legionella bacteria. Flushing of the water lines was carried out in accordance with current guidelines and supported by an appropriate practice protocol. A Legionella risk assessment had been carried out by an appropriate contractor and documentary evidence was provided to support this. Legionella is a germ found in the environment which can contaminate water systems in buildings.

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 we spoke with confirmed that they wore protective aprons, gloves and masks during assessment and treatment in accordance with infection control procedures.

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. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety.

The practice had clear guidance regarding the prescribing, recording, dispensing, use and stock control of the medicines used in the practice. The systems we reviewed were complete, provided an account of medicines

Are services safe?

prescribed, and demonstrated that patients were given their medicines as recorded. Medicines were stored safely for the protection of patients. All prescriptions and the prescription log were stored securely.

Radiography (X-rays)

The principal dentist was the radiation protection supervisor (RPS) for the practice. An external contractor covered the role of radiation protection adviser. X-ray audits were undertaken six monthly. The audits looked at issues such as the maintenance of X-ray equipment, quality of images and the radiography training staff had undertaken. This was done to ensure X-rays that were taken were of the required standard. We saw that practice had in place local rules relating to the X-ray equipment. We saw there were 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 detailed electronic and paper records of the care given to patients. We reviewed the information recorded in ten patients' dental care records about the oral health assessments, treatment and advice given to patients. We found these were comprehensive and included a full clinical assessment with an extra and intra oral examination. For example the records showed that the dentists carried out assessments for gum disease and dental decay. Patients' medical history was updated each time they visited the practice for a check-up or treatment.

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.

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, needs and to determine how frequently to recall them. The practice also showed compliance with the Delivering Better Oral Health Toolkit. 'Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

Health promotion & prevention

The practice had information available in the patients' waiting room and surgery relating to oral health promotion and prevention. For example we saw posters related to tooth brushing were displayed. Appropriate advice was provided by staff to patients based on their response to the questionnaire. Patients were given advice about smoking and alcohol intake on a one-to-one basis when these issues were identified as risks during examinations. We saw they provided preventive care advice on tooth brushing and oral health instructions as well as smoking cessation, fluoride application, alcohol use, and dietary advice. We saw the practice made free samples of toothpaste available to patients in the reception area.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. This was to ensure that patients received high quality care as a result. The practice used a variety of ways to ensure development and learning was undertaken including both face to face and e-learning. Examples of staff training included core issues such as health and safety, safeguarding, basic first aid and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made to hospitals and specialist dental services for further investigations and treatment. The practice completed referral forms or letters to ensure the specialist service had all the relevant information required. Dental care records we looked at contained details of the referrals made and the outcome that came back from the referrals that were made.

Consent to care and treatment

Patients' who used the service were given appropriate information and support regarding their dental care and treatment. We spoke with two patients who used the service and reviewed 11 comments cards. Patients told us they had been given clear treatment options which were discussed in an easy to understand language by practice staff. Patients told us they understood and consented to treatment. We found signed consent forms for treatments in the records we reviewed.

The principal dentist had received training on the Mental Capacity Act (2005) and had talked with staff about the implications it had for staff and patients. Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with two patients and looked at 11 CQC comment cards which patients had completed prior to the inspection. Patients were positive about the care they received from the practice. They told us they were treated with respect and dignity. Patients records were kept in a secure location and no records were located such where they could be seen or accessed by patients. Staff we spoke with were aware of the importance of providing patients with a private, confidential service. We observed staff were helpful, discreet and respectful to patients. All patients were given a warm greeting by the receptionist. Doors were always closed when patients were in the treatment room.

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. We also saw that the practice had a website that included information about dental care and treatments, costs, opening times and details of the staff team providing the service. The website also contained information regarding how patients could access emergency dental care. Patients could also book an appointment on the site.

Staff told us that treatments, risks and benefits were discussed with each patient to ensure the patients understood what treatment was available so they were able to make an informed choice. The dentist explained what they were going to do and used aids such as a mirror to show patients visually what their teeth/oral cavity required. They were also shown this on a radiograph where applicable. Patients were then able to decide which treatment option they wanted.

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. These slots were made available from 9.00am in the morning. Patients told us that they had sufficient time during their appointment and that they were seen promptly.

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 receptionist was able to speak seven different languages and communicate with people whose first language was not English. The building was accessible to people in wheelchairs. Staff were able to describe to us how they had supported patients with additional needs such as a learning disability and those who were wheelchair users. For example staff explained how they would use the minicom system to communicate with deaf patients.

Access to the service

The practice displayed its opening hours in their premises and on the practice website. The practice had clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were displayed at the entrance to the practice. CQC comment cards we reviewed showed patients felt they had good access to the service.

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 three complaints in the last year and they had been dealt with in line with the practice's policy. A suggestions box was available in the waiting room. Staff told us they would discuss suggestions received at team meetings.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements and an effective management structure. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. The practice had regular meetings involving all staff. The practice had arrangements for identifying, recording and managing risks.

The principal dentist undertook quality audits at the practice. This included audits on health and safety, waste management, infection control, staffing and records. We saw that action plans had been drafted following audits and actions taken as necessary. For example a radiographic audit had identified changes that could be made to improve the quality of images and the practice had made improvements based of what was found during the audit.

Leadership, openness and transparency

Staff we spoke with said the principal dentist had a vision for the practice and shared it with them. We saw from minutes that team meetings were held regularly. The meetings covered a range of issues including complaints and the practice development plan. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at any time.

Management lead through learning and improvement

Staff told us they had good access to training. The practice manager monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as on medical records and audits of infection control.

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

The practice had gathered feedback from patients through NHS Choices, and their own feedback forms. We were shown an example of where a patient had made comments on NHS choices. The practice had contacted them, and acted on the issue they raised.