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Dental Surgery

Inspection Report

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Overall summary

Dental Surgery is located in the London Borough of Bromley in south-east London and provides mostly NHS dental services.

We carried out an announced comprehensive inspection on 20 January 2015. The inspection took place over one day and was undertaken by a CQC inspector. We looked at policy documents, dental care records, spoke with a patient and staff including the management team.

The practice team included a principal dentist, one associate dentist, two dental nurses, a dental hygienist and a reception manager. The services provided include mainly general dentistry such as placement of crowns, dentures and fillings.

We received 17 CQC comment cards completed by patients, and spoke with a patient on the day of the visit. The feedback we received rated the practice highly.

Our key findings were:

- Patients' needs were assessed and care was planned and delivered in line with current guidance such as that from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Staff had received training appropriate to their roles.

- All comment cards we reviewed indicated that patients were happy and satisfied with the care they received.
- Staff told us they felt well supported and that they were committed to providing a quality service to their patients.

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

- Ensure incidents and significant events are discussed and learning shared amongst staff.
- Ensure all staff receive regular performance reviews and annual appraisals.
- Ensure all relevant recruitment checks are undertaken before staff commence their job at the practice.
- Ensure the temperature of the refrigerator used to store medicines and dental products is monitored and recorded daily.
- Ensure regular audits are undertaken of dental care records to check quality and appropriateness of recorded data.
- Ensure staff induction check-list includes awareness of infection control procedures.
- Ensure a fire risk assessment of the building is available.

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 suitable arrangements were in place for reporting incidents, safeguarding patients, infection control and dealing with medical emergencies. Staff were trained and aware of their responsibilities for safeguarding vulnerable adults and child protection. The equipment and the environment were well maintained, and staff followed suitable infection prevention and control practices. Medicines were stored suitably and securely, and checked regularly to ensure they were within their expiry dates.

However the provider should make improvements in ensuring all relevant recruitment checks were undertaken before staff commence their job, and ensure a fire risk assessment of the building was available.

Are services effective?

There were suitable systems in place for the assessment of patient needs, and treatment was delivered in line with current legislation. Audits of various aspects of the service such as appropriateness of X-rays and infection control were undertaken at regular intervals and changes were implemented to help improve the service. Staff were supported in their work and professional development.

Are services caring?

Feedback from patients told us they were treated with dignity and respect and that they were involved in care and treatment decisions. Information was provided to help patients understand the care available to them. In our observations on the day we saw that staff treated patients with kindness and respect.

Are services responsive to people's needs?

From our discussions with the dentists and patients and feedback from the completed CQC comment cards we found that patients' needs were suitably assessed and met. There was good access to the service with urgent appointments available the same day. There was an accessible complaints system and the practice was suitably equipped to treat patients and meet their needs. The practice was located on the ground floor with the reception area and the treatment rooms on the same floor. The front door was wide enough to accommodate wheelchair access, though there was a small single step at the entrance and the toilet did not have wide access to accommodate wheelchair users. The provider mentioned that the building was leased from the local authority and that they were limited in making any structural changes to the building.

Are services well-led?

All practice staff we spoke with were aware of their responsibilities to deliver good care and service to patients. The culture within the practice was one of openness and transparency and staff felt supported by the principal dentist. Risks to the effective delivery of service were assessed, there were suitable business continuity plans in place and staff received suitable training. However the provider should make improvements in ensuring all staff receive annual appraisals.

Dental Surgery

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 and to pilot a new inspection process being introduced by the CQC.

The provider was registered with the Care Quality Commission (CQC) on the 12th February 2014 to undertake the regulated activities of Diagnostic and screening procedures; Surgical procedures; and Treatment of disease, disorder or injury.

- The inspection was carried out on 20th January 2015 by a CQC inspector.
- Before the inspection we reviewed information that we held about the provider.

- During the inspection we spoke with the principal dentist, the associate dentist, reception manager and a dental nurse. We looked around the premises and the treatment room. We reviewed a range of policies and procedures and other documents.
- We looked at the dental records for five patients to help us assess the care and treatment provided.
- We received 17 CQC patient comment cards and spoke with one patient using the service.

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

Learning and improvement from incidents

The principal dentist told us of the arrangements they had for receiving and sharing safety alerts from external organisations. The practice had suitable processes around recording of incidents and the practice was aware of their responsibilities of reporting incidents under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). However, we noted that though incidents were being recorded suitably, there was limited formal discussion, such as in practice meetings to ensure all staff were aware of and learnt from the incident.

Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children and adults. There were safeguarding policies in place for both children and vulnerable adults. Staff we spoke with were aware of their duty to report any potential abuse or neglect issues and were aware of actions to take if they identified a case of potential abuse. Staff were up to date with training in safeguarding of adults and children.

The practice followed accepted guidelines such as those issued by the European Society of Endodontology in the use of a rubber dam for root canal treatments. [A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field.]

Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example use of X-ray equipment, sharps storage and security of the premises.

Infection control

The reception area and treatment rooms were visibly clean and well maintained at the time of our inspection. The practice had suitable infection prevention and control systems and processes in place including an infection control policy, regular checks on equipment, infection control audits and staff training. The dental nurse was the identified infection control lead.

The practice had followed national guidance on the essential requirements for infection control as set out in the Health Technical Memorandum 01-05:

Decontamination in primary care dental practices (HTM01-05; National is guidance from the Department of Health for infection prevention control in dental practices). There was a separate area for decontamination of used instruments. A staff member showed us the steps they would undertake while cleaning and decontaminating instruments. Staff were aware of the demarcation of dirty and clean zones and followed recommended guidance of maintaining a clear flow of instruments from the dirty to clean area. A separate sink was available for rinsing instruments. Staff used an illuminated magnifier to check the effectiveness of the cleaning of instruments. Sterilized instruments awaiting usage were stored in clear pouches. Work surfaces in the treatment rooms and the decontamination area were clean and clutter free. Equipment was well maintained and was clean. The dental nurse showed us the various checks that were undertaken on equipment like the autoclave. Staff followed recommended protocols to manage the dental unit water lines (DUWL).

The provider had audited their infection control practices using the Department of Health audit tool to ensure compliance with HTM 01-05 essential standards. The audits were undertaken at the recommended intervals. A Legionella risk assessment had been completed and was in date (Legionella is a bacterium that can grow in contaminated water and can be potentially harmful).

There were suitable protocols for the safe management, segregation and disposal of clinical, non-clinical and used sharp instrument waste.

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was properly maintained. These included annual checks of equipment such as portable electrical appliance testing (PAT). Pressure vessel equipment had been tested annually as required.

Medicines stored in the practice were checked regularly and all the medicines we checked were within their expiry date. Medicines requiring refrigeration were stored in a designated fridge; however the fridge did not have a thermometer and there were no logs available of temperature recording.

Monitoring health & safety and responding to risks

Are services safe?

There were effective risk assessment processes in place to identify and manage risks to staff and patients from the premises and equipment. This included risk assessments for fire and security. A fire risk assessment of the contents and equipment had been undertaken. Fire extinguishers were available, fire exit signs were displayed prominently and fire drills were undertaken every quarter. The practice operated from a premises that was leased from the local authority who were responsible for the fire assessment of the building and external maintenance. No records were available whether a risk assessment of the building had been undertaken. The principal dentist assured us they would immediately contact the local authority to find out the status of the same and bring the issue to their attention.

There were contracts with providers of services to maintain and service essential equipment like the IT system and alarms. Business continuity plans were in place and the principal dentist showed us the steps they would take in the event of disruption to services resulting from IT failure, telephone lines not working and malfunctioning of equipment such as the autoclave.

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. All staff received training in basic life support. The practice had the emergency medicines as set out in the British National Formulary guidance and oxygen and other related items such as face masks were available in line with the Resuscitation UK guidelines. The equipment included an automated external defibrillator (AED), oxygen, and masks and these were checked regularly. (An AED is a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm.)

Staff recruitment

The practice undertook appropriate checks before they appointed staff including obtaining proof of identity, references and undertaking criminal record checks through the Disclosure and Barring Service (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

The provider had undertaken the decision that all staff were required to have a DBS check. The current provider had taken over the practice when the previous owner and principal dentist had retired and all staff had transferred over. No new staff had been recruited since the current provider had registered with the CQC in February 2014. We looked at a sample of two staff files and found evidence of most checks having been undertaken as part of the recruitment process. These included proof of identity, and where required suitable qualifications and registration with relevant professional bodies. However, in one instance appropriate criminal records check had not been undertaken. This was brought to the attention of the principal dentist. Staff files were stored securely and there were procedures in place to manage planned and unexpected absences.

Radiography (X-rays)

The practice maintained suitable records in the radiation protection file demonstrating the maintenance of the X-ray equipment. Individuals were named as radiation protection advisor (RPA) and radiation protection supervisor (RPS) for the practice. An inventory of X-ray equipment, and a radiation maintenance log was available. An audit of X-rays had been undertaken in August 2014.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

The dentists we spoke with were aware of their responsibilities to ensure consent was obtained and recorded appropriately. They told us they discussed the X-ray findings, treatment options, risks and benefits with patients who were given time to make an informed decision.

The Mental Capacity Act 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had attended a training course in the requirements of the Mental Capacity Act (2005). We discussed issues of best interests decisions and consent with the associate dentist and they were able to explain to us how they would obtain and record consent and make decisions in the best interests of the patient. They said they would also seek help and advice from colleagues to ensure they were making the right decision.

Monitoring and improving outcomes for people using best practice

Patients' needs were assessed and treatment was planned and delivered in line with their individual treatment plan. We reviewed six dental care records along with the associate dentist. We asked them how information on associated medical conditions and relevant aspects of medical and social history such as smoking status, and obesity and eating habits were noted and discussed with patients.

The dental care records we looked at demonstrated a structured approach was taken in examination, assessment and recording of each patient's oral health. Examinations assessed the patients' teeth and gum conditions, and also included screening for oral cancer. Records showed assessment of the periodontal (gum) tissues was 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).

Audits on completion of X-rays had been undertaken in the previous 12 months to help improve care practices. However, other audits such as on the quality and completion of dental records had not been undertaken.

Working with other services

Dentists referred patients to other services if they needed specialist treatment. The principal dentist showed us one example where they had suspected a patient had oral cancer. They had followed suitable protocols to contact the patient's GP and had made an urgent referral to cancer services. The dentist gave us examples of their working relationships with other local practices where they could refer patients with complex dental needs.

Health promotion & prevention

The dentists explained that they undertook oral cancer screening as part of the initial examination and also recorded smoking status and provided smoking cessation advice. Patients were given advice on healthy eating habits and were also encouraged to maintain healthy life styles.

Staffing

We saw an induction checklist that ensured all new staff were introduced to relevant procedures and policies. The principal dentist told us that infection control and hand hygiene practices were covered with staff though we could not see infection control included in the formal induction checklist. The practice had identified key training including infection control, safeguarding of vulnerable adults and children and basic life support to be completed by staff. Staff we spoke with confirmed they had received the required training and were aware of their responsibilities.

We looked at the continuing professional development (CPD) folders of three staff including the dentist and the dental nurse and noted that they were undertaking courses and training to maintain their professional development. Meetings were held regularly and staff felt well-supported. However there were no records of annual appraisals of staff performance.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Patients had been asked to complete CQC comment cards before our visit to provide us with feedback on the practice. We received 17 completed comment cards and all of them were positive about the service patients had experienced. Patients said they felt the practice offered a good service and both clinical and reception staff were helpful and caring. They said staff treated them with dignity and respect. We spoke with one patient on the day of our visit. They stated that the dentist and all staff were caring, and that they and their loved ones who were also patients at the practice were treated with compassion.

Staff we spoke with were aware of the need to be respectful of patients' right to privacy and dignity. The practice phone was located and managed at the reception desk. Staff said that if patients wanted to discuss something in private they could take them to another room.

All consultations and treatments were carried out in the privacy of the treatment rooms and patients' privacy and

dignity was maintained during examinations. We noted that treatment room doors were closed during the procedures. We could overhear the sound of staff talking to patients inside the treatment room while we were in the waiting room. However, this was not clear enough for us to know what was being discussed.

We could overhear staff talking with patients in the treatment room across the partition wall while we were in the waiting room; however, this was not clear enough for us to know what was being discussed.

Involvement in decisions about care and treatment

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. The patient we spoke with was happy and satisfied with the information they had been provided in regards to their dental care and the treatment choices. They told us the dentist had explained the findings, they felt involved in their treatment and they had been given time to make an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice's information leaflet provided information ranging from the various treatments available, clinic times, support for urgent treatment and how to make complaints. Patients who needed emergency help could be accommodated on the same day.

Tackling inequity and promoting equality

Staff told us they could access translation services for patients who did not have English as a first language.

The practice was located on the ground floor with the reception area and the treatment rooms were on the same

floor. The front door was wide enough to accommodate wheel-chair access, though there was a small single step at the entrance and the toilet did not have wide access to accommodate wheel-chair users.

Access to the service

The surgery was open Monday to Friday from 9:00 am to 5:30 pm. The provider mentioned that the building was leased from the local authority and that they were limited in making any structural changes to the building.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the principal dentist was the designated staff member who managed the complaints. The practice had not received any complaints or concerns in the past 12 months.

Are services well-led?

Our findings

Leadership, openness and transparency

All the staff we spoke with described the culture as supportive, open and transparent and demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff told us they felt valued and that they were signed up to ensuring patients received appropriate care and treatment.

Governance arrangements

Suitable policies and procedures were in place and were available for staff. The principal dentist was responsible for the day to day running of the service and ensuring there were systems to monitor the quality of the service. They led on managing complaints and in ensuring risk assessments had been completed and control measures were in place. Where appropriate responsibilities had been suitably delegated.

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

We found the practice to be involved with their patients and staff. The patient feedback that we obtained by talking to a patient and from completed comment cards showed that the patients received care in a respectful manner and were involved in their treatment. Staff members we spoke with were all clear about their roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns. Staff had access to the practice policies and procedures, and were supported to attend training courses appropriate to the work they performed.

Management lead through learning & improvement

The practice had systems and processes to ensure all staff and the practice as a whole learnt and developed to ensure improvement. Audits, though limited, such as on X-rays and infection control procedures had been undertaken and there were discussions to ensure patients received safe and effective care. The dentists provided peer support to each other and were open to accessing external support to help improve care delivery.