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Ridgway Dental

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 19 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

Ridgway Dental Practice is located in the London Borough of Merton and provides private dental services. The practice is open Mondays 9.00am – 6.00pm, Tuesdays and Thursdays 8.00am – 5.00pm, Wednesdays 10.00am –

7.00pm, Fridays 8.00am-5.00pm and Saturdays by appointment. The practice facilities include two consultations rooms, reception and waiting area and wheelchair accessible toilet facilities. The demographics of the practice was mixed, with patients from a range of ethnic and social backgrounds.

The practice manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received 11 completed comment cards. We were unable to speak with any patients on the day of the inspection. Feedback obtained was very positive. Patients commented that the staff were professional and knowledgeable, facilities were adequate and the environment was clean and tidy.

Our key findings were:

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

Summary of findings

- Staff were up to date with their continuing professional development and opportunities existed for all staff to develop
- There was appropriate equipment for staff to undertake their duties and equipment service contracts were in place to ensure equipment was maintained appropriately.
- Appropriate governance arrangements were in place to facilitate the smooth running of the service with relevant audits being completed.
- There was appropriate medical emergencies equipment and access to emergency drugs to enable the practice to respond to medical emergencies.

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 receive safety alerts from external organisations and disseminate the information to staff. Staff were trained to the appropriate levels of safeguarding and child protection and demonstrated awareness of safeguarding issues. Appropriate pre-employment checks were carried out before staff commenced work in the service to ensure their suitability to work in the service. Patient's medical histories were taken and updated appropriately at subsequent visits. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. Medicines and equipment were available in the event of a medical 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. Referrals were made and followed up 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 11 completed Care Quality Commission (CQC) comment cards. Patients were complimentary about staff describing them as professional and knowledgeable. Patients' comments referred to being involved in their treatment planning enabling them to make informed decisions.

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 a late opening and Saturday appointments, information available via the practice website and a practice information leaflet. Urgent on the day appointment slots were available during opening hours. In any event patients were given details of a 24 hour private dental service the provider worked with. Alternatively the details of the NHS '111' service were also displayed in the practice for patients' reference.

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.

Are services well-led?

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

Summary of findings

Governance arrangements were in place for effective management of the practice. This included having appropriate policies and procedure for staff to refer to for the smooth running of the service. Staff were updated through a series of virtual meetings via email. Staff told us they found this means of communication useful. Staff had access to training and development opportunities and told us they felt supported and that leadership was good.

Ridgway Dental

Detailed findings

Background to this inspection

The inspection took place on the 19 June 2015 and was undertaken by a CQC inspector and a dental specialist adviser.

We reviewed information received from the provider prior to the inspection.

The methods used to carry out this inspection included speaking with the dentist, dental nurse and reception staff on the day of the inspection, reviewing 11 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

There were health and safety policies in place for the effective management of safety incidents. This included fire safety and asbestos managements.

Safety alerts were received by the practice manager and shared with staff appropriately. This included alerts from NHS England and alerts from drug companies. We reviewed staff email updates and saw that alerts were shared when necessary.

The practice had appropriate reporting procedures in place for RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013)). At the time of our inspection there had not been any accident or reportable incidents. There was a procedure in place for reporting incidents and near misses. All staff we spoke with demonstrated understanding of their responsibilities to report incidents and concerns. They were also aware of the reporting procedures and how to record them.

The practice had only been open for approximately six months and they had not had any safety incidents at the time of our visit. We discussed with the practice manager how accidents and safety incidents would be dealt with in the practice. We also discussed what analysis would take place and how patients would be informed if things went wrong. The manager told us that they would look at whether the incident was avoidable, what processes could be put in place to avoid in the future and share the information with staff. Their explanations were in line with their policy and expectations under the duty of candour.

Reliable safety systems and processes (including safeguarding)

The practice had a policy and procedure in place for safeguarding adults and child protection. Local authority contact details were outlined in the procedure and the reporting flowchart was available to staff to refer to if necessary. There were templates of letters to send to health visitors if they had a concern to report and also a flow chart to record a safeguarding incident if required. Some staff, including the practice manager and one of the nurses was trained to level three in child protection. All other staff were trained to level two child protection.

All staff we spoke with demonstrated a good awareness of safeguarding issues including how to identify abuse and different types of abuse. At the time of our visit the practice had not had any safeguarding issues.

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].

Medical histories were taken and updated at each subsequent visit. This included taking details of current medication, known allergies and existing medical conditions. We reviewed patient records and saw that medical histories had been updated appropriately. Where a patient had an allergy or medical condition a flag appeared on their record.

Medical emergencies

The provider had appropriate arrangements to deal with medical emergencies. Staff had access to emergency equipment on the premises including an automated external defibrillator (AED) in line with Resuscitation Council Guidance 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]. Oxygen was also available with the appropriate apparatus to use it.

There were emergency medicines (which were all within their expiry date) in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We saw records of the weekly checks that were carried out on the emergency medicines and the checks to equipment.

All staff had completed recent medical emergencies (including resuscitation) training which the practice intended to repeated annually. All staff knew where medical equipment and medicines were stored, and know to use the equipment.

Staff recruitment

We saw registration certificates to confirm that all clinical staff were registered with their governing body, the General Dental Council (GDC). We reviewed staff files (which included records of staff who had recently joined) and saw that appropriate pre-employment checks had been carried out. This included having proof of identity (passport and

Are services safe?

driving licence), two professional references, curriculum vitae with previous work history and a completed disclosure and barring services (DBS) check. All staff working in the practice had a DBS check on their staff file.

Monitoring health & safety and responding to risks

There were appropriate arrangements in place to respond to and deal with risks and foreseeable emergencies. There were risk assessments in place to plan for and respond to potential hazards. For example a fire risk assessment had been carried out in June 2015. The risks associated with hazards in the practice including the compressor, flammable substances and portable appliances had been considered and risk assessed as low, medium and high. Fire drills were conducted monthly and the fire safety equipment had been tested by an external company in June 2015. One of the members of staff was the designated fire marshal. We saw they had received the appropriate training and all staff knew they were the point of contact for any concerns. In addition to this the fire alarm was tested weekly. We saw records that confirmed that had been carried out since the practice opened in December 2014.

Other risk assessments included a health and safety risk assessment and premises risk assessment. The practice manager explained that they were still in the process of setting up a full programme of risk assessments and hoped to complete more within the next six months.

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. In addition to this there was a copy of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) from the Department of Health, for guidance. One of the dental nurses' was the infection control lead.

There was a decontamination room and the dirty to clean flow was clearly displayed to minimise the risks of cross contamination. One of the dental nurses gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery; washing manually in a sink; 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. The cycle number and initial

of the member of staff who completed it was also recorded. We saw that the correct personal protective equipment was worn during the decontamination process and appropriate levels maintained.

We reviewed the log books for validation of the autoclave and records of tests that were carried out to ensure it was working effectively. The checks and tests were in line with guidance recommendations and included being serviced every six months.

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. The segregation and storage of dental waste was in line with guidance. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and collected every two weeks. We saw the consignment notes to verify this.

The practice used single unit syringes and needles in compliance with current regulations. Containers were correctly assembled; however we noted they were not labelled. Staff we spoke with understood the practice sharps injury policy and were able to explain that they would do in the event of a sharps injury.

The surgery was visibly clean and tidy. Wall mounted paper hand towels and hand gel was available and clinical waste bins were foot controlled. 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.

There was an up to date Legionella risk assessment and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The dental lines were maintained and cleaned weekly with a purifying agent. Waterlines were flushed daily in line with recommendations.

The practice had completed their own infection control audit in April 2015 which did not highlight any issues.

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was maintained. There were service contracts in place for the maintenance of the autoclave, suction compressor and pressure vessel. The provider had records

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of the servicing that had been carried out prior to them taking over. For example the pressure vessel certificate was dated August 2014. The provider had plans for this to be serviced within the next few months. Records showed that portable appliance had been tested in May 2014 and was due to be re-tested in July 2015.

Medication was stored appropriately in a secure location.

Radiography (X-rays)

Both the principal dentists were the named radiation protection supervisors and there was an appointed

external radiation protection adviser. Both of the principal dentists had completed recent Ionising Radiation (Medical Exposure) Regulation 2000 (IRMER) training. The rest of the staff team were due to have refresher training in August 2015. There was evidence of appropriate notification to the Health and Safety Executive. The practice were in the process of carrying out the radiographic audit and the results were not available at the time of our inspection. We saw however that processes were in place for this to be conducted. We reviewed the radiation protection file and it was in order and up to date.

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) guidance and Delivering better oral health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

We reviewed medical records and saw evidence of comprehensive assessments and treatment plans that were individualised for patients. The assessment included an up to date medical history outlining medical conditions and allergies (which was reviewed at each visit). Medical records we reviewed had documented the reason for the visit, treatment options that were discussed and also health promotion advice such as dietary advice and oral healthcare. The dentist told us if the treatment was likely to be complex they gave patients information in writing so that they could go away and consider their options and also understand it better. Information about costs were always explained and the patient given written information if required.

Health promotion & prevention

Information and samples of toothpastes for health promotion were available to patients. This included leaflets with advice for oral health care, dental care for mother and baby and preventative care. The practice also had samples of mouthwash and toothpastes available to patients. Smoking cessation posters were displayed and the practice had a referral process in place with a local pharmacist for patients who wanted referring.

Staffing

Development opportunities existed for all staff working in the practice. This included core mandatory training such as medical emergencies and safeguarding. There was also a training matrix which detailed all the training that had been booked for the coming months. Staff also had access to development opportunities, for example one member of staff had attended and completed a management development course. We saw that training needs were identified through staff supervision and the induction

probation period. There were two members of staff who had recently completed their probation and we saw that their training needs had been identified appropriately and planned for.

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].

Staff spoke positively about the training and development opportunities they had access to.

Working with other services

The practice had arrangements in place for working with other health professionals to ensure quality of care for their patients. External referrals were sent by post and a copy of the referral was given to patients. We saw various template letters for referrals that were made. The information in the referral letter included the reason for referral, the patient's relevant medical information, social history and personal details. Receptionist staff followed up on referrals that were made (i.e. ensured it was received, and processed information that was returned).

One of the dentists we spoke with told us that they also offered patients the option of being referred for a second opinion if a course of treatment was complicated. This referral could be to another dentist or specialist.

Consent to care and treatment

There were appropriate procedures in place to obtain consent from patients for treatment. There was a consent policy in place and it outlined informed consent, patients' ability to give consent and where consent forms were required before treatment could be given. We saw that where consent was given verbally this was documented in patients' notes. Written consent was obtained for procedures such as root canal, tooth whitening and extractions. We saw completed copies of consent forms and they were completed accurately and filed appropriately.

Staff demonstrated understanding of consent issues as they related to a patients' mental capacity. The dentist we spoke with clearly explained their understanding of the Mental Capacity Act 2005 as it related to their role and also Gillick competencies. All other staff we spoke with had an

Are services effective?

(for example, treatment is effective)

understanding of capacity issues and knew who to go to in the practice if they had any concerns. MCA training had not been completed however we saw it was one of the courses due to be delivered on the training matrix. 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 themselves.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received 11 completed CQC comment cards. Feedback was generally positive and patients were complimentary about the staffing team, describing them as friendly, professional and caring.

We observed interaction of patients and staff in the waiting room and saw that staff interacted well with patients speaking to them in a helpful and respectful manner. We observed that consultations were in private and doors were closed when patients were receiving treatment. The reception area and waiting area was very small however we saw that staff made efforts to be discreet when talking to patients so that conversations could not be overheard. Staff told us that if a patient needed to speak with them in private they always brought them into one of the consultation rooms.

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

Involvement in decisions about care and treatment

The patient feedback we received indicated that staff involved patients in their treatment planning. Patients commented that things were explained well and they were given assistance to make decisions about treatment.

The medical records we reviewed demonstrated that people were involved in planning because it was documented in their clinical notes. For example we reviewed notes and saw that clinical staff documented what they had told patients about their treatment options and the consequences and benefits of treatment.

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 with opening times that met the needs of patients'. The practice is open Mondays 9.00am-6.00pm, Tuesdays 8.00am-5.00pm, Wednesdays 10.00am-7.00pm, Thursdays 8.00-5.00pm, Fridays 8.00am-4.00pm and Saturdays by appointment.

Urgent and non-routine appointments were accommodated. Appointment slots were available every day for emergency and non-routine appointments. Staff told us that patients who called with a complaint and were in pain were always offered an appointment on the.

The practice had only been operating a short time so had not had the opportunity to gather patient feedback and analyse it. However the manager explained how the feedback would be analysed to ensure patients' views were taken into account in service development in response to their needs.

Tackling inequity and promoting equality

Staff told us that the patient population was fairly mixed although they had a high number of patients from Norway and the United States (a high number of people from these countries came to work in the area). The majority of patients spoke English fluently so there was not a high demand for interpreters. However the staff team were multi lingual and spoke a variety of languages including Italian, Dutch, Brazilian and German. In the event of a patient speaking another language staff also had access to language line.

The practice was set out on one level and access to the building was step free. Once inside there was space for wheelchair users and for prams to manoeuvre around the building.

Staff we spoke with were aware of potential barriers for patients accessing the service and were responsive to reducing any inequality patients faced. For example, one member of staff gave an example of where a patient who could not read the information that was given to them. The

member of staff explained how they took the patient into a private area and read the information for them to ensure they knew and understood the information they had been given. Staff also gave example of when they have had to print out information in large print or easy read formats.

Access to the service

The practice had a comprehensive website with information about the staff team, treatments on offer, payment options and contact details. The practice opening times were displayed on their website, on the practice door and in the practice leaflet. Appointments were booked by calling the practice. Emergency appointments were available every day during opening hours.

In the event of a patient requiring an appointment outside of opening hours there was an arrangement in place with a nearby 24 hour private dental service. The details of how to access emergency treatment were on the practice answer machine (calls were diverted to a member of staff out of hours and filtered to one of the dentists on duty who would decide how to triage). The practice also had a sign with this information displayed on their door along with the NHS out of hours '111' service.

Staff told us patients were generally seen at their appointment time, although on some occasions they may not be, for example if they developed complications with another patient or if they had slotted in an emergency which overran. During our inspection we observed that where a dentist was not running to time, staff apologised to patients and gave an estimation of how much longer they would be required to wait.

Concerns & complaints

The provider had a complaints policy and procedure in place This included how to make a complaint, response times and contact details in the event of them wanting to escalate it further. There was a leaflet readily available to patients outlining how to complain and how complaints were handled. At the time of our visit the practice had not received any complaints. The practice manager explained how complaints would be dealt with. The explanation was very thorough and in line with the organisations policy.

Are services well-led?

Our findings

Governance arrangements

There were a range of policies and procedures to ensure effective governance arrangements were in place. This included anti bullying and harassment, accident reporting, maternity leave and sharps and risk management. Policies were available to staff electronically on the computers.

All staff we spoke with were clear about their roles and responsibilities and who to go to in the organisation for guidance and information. All staff received an induction into the practice which included completing a checklist on day one, 3 months' checklist and a probation review at six months. We saw that all staff newly employed by the service had completed the induction process in line with the organisation's policy. Training and development needs had been identified and annual appraisals had been scheduled.

The practice was not holding regular meetings; however staff were updated on a weekly basis by virtual meetings. The practice manager sent emails with updates and information relating to changes in procedures, training, incidents/ lessons learnt to all staff.

The practice had a programme in place for auditing the service. Completed audits included infection control and waste management. We reviewed both audits and saw that where action had been identified appropriate measures had been put in place to improve the service. The dentists also spoke with us about clinical audits they planned to conduct.

Leadership, openness and transparency

Staff spoke proudly of the service and the work they carried out and valued the leadership within the organisation. They described the leads as open and honest and said they felt confident to approach either of the principal dentists or the practice manager if they needed to.

The practice did not have a documented vision however the practice manager presented a very thorough overview of the practice's aims and goals. This included ensuring all

governance arrangements were rolled out within the first year of operation and all the appropriate systems for monitoring the service were in place. We saw that the practice were on course to achieve their aims and objectives for their first year.

Management lead through learning and improvement

We saw example of where the principal dentists lead through learning and development. Both principal dentists taught on dentistry courses and as such valued the importance of learning and development of staff. One of them told us that they ensured they kept up to date with their continuing professional development (CPD) and supported staff to pursue development opportunities also

There was a training matrix that outlined all training planned for the coming year and staff appraisals. Some of the planned training included cross infection, patient care and fire safety. We saw that staff were updated regularly via email about developments in the practice and also external updates. The practice manager showed us the plan for staff meetings which were due to commence in July 2015 and occur on a monthly basis.

The practice had an events log. When events occurred they recorded, discussed and took appropriate action. For example they had an event where a wheel chair user had difficulty accessing the building even though it was step free. As a result of the event they wanted to improve access for wheelchair user so purchased a ramp to make it easier for wheelchair user to enter the building.

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

Feedback from patients was gathered through a comments and suggestion box. The practice manager told us that they reviewed them weekly; however the larger scale analysis was planned for later in the year. We saw that comments made by patients since the practice had been open had been taken into account and action taken. They also had plans to carry out annual patient and staff satisfaction surveys. We saw that this was planned in the overall business plan for the practice.