

Dr Bilquis Banu and Mrs Salma Chanawala

Eastside Dental Practice

Inspection Report

222 Whitechapel Rd
London
E1 1BJ
Tel: 020 7247 0132
Website: N/a

Date of inspection visit: 14 April 2016
Date of publication: 16/06/2016

Overall summary

We carried out an announced comprehensive inspection on 14 April 2016 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 not providing well-led care in accordance with the relevant regulations.

Eastside Dental Practice is located in the London Borough of Tower Hamlets. The practice is on the first

and second floor and comprises of two surgeries and a decontamination room. There is also a reception and waiting area. Toilet facilities for patients were also available.

The practice provides NHS and private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment.

The staff structure of the practice comprises of two principal dentists, eight associate dentists and four dental nurses. The practice was open Mondays from 9am-8pm, Tuesdays from 9am-7.30pm and Wednesday to Saturday from 9am-6pm.

One of the principal dentists was 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.

The inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We received feedback from 17 patients. The feedback from the patients was positive in relation to the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Summary of findings

Our key findings were:

- There were arrangements in place to deal with foreseeable emergencies
- The practice had policies and procedures in place for child protection and safeguarding adults.
- There were systems in place to reduce the risk and spread of infection. Staff had access to an automated external defibrillator (AED) and other equipment and medicines to manage medical emergencies in line with current guidance
- Patients' needs were assessed and care was planned.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- The practice had systems in place to receive alerts from relevant external organisations such as Medicines and Healthcare products Regulatory Agency (MHRA); however it did not have a system in place to share this information with staff.
- There was a complaints procedure available for patients.
- The practice had a clear management structure but there were limited governance arrangements in place for the smooth running of the practice.
- Improvements were required in the completion of dental care records
- Risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity had not been fully mitigated.

We identified regulations that were not being met and the provider must:

- Ensure the practice's recruitment policy and procedures are suitable and the recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 to ensure necessary employment checks are in place for all staff and the required specified information in respect of persons employed by the practice is held.
- Ensure suitable governance arrangements are in place and an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.

- Ensure there are suitable protocols for completion of dental care records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).
- 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.
- Review the practices' current Legionella risk assessment and implement the required actions giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice's protocols for monitoring and recording the fridge temperature to ensure that dental care products are being stored in line with the manufacturer's guidance.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review its audit protocols to ensure X-ray and dental care record audits are undertaken accurately and where applicable learning points are documented and shared with all relevant staff.
- Review the storage of dental care records to ensure they are stored securely

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 practice had policies and protocols related to the safe running of the service. Staff were aware of how to access these. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. Equipment was well maintained and checked for effectiveness.

Improvements were required to ensure recruitment checks were undertaken suitably and all staff, where relevant received a check with the Disclosure and Barring Service.

The practice had systems in place for waste disposal, the management of medical emergencies and dental radiography. Improvements could be made to the process of receiving alerts from relevant external agencies and in relation to the availability of equipment for managing medical emergencies.

Are services effective?

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

The practice worked well with other providers and made referrals where appropriate. There were systems in place for recording written consent for treatments however this was not always used.

The dentists took clinical X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

Improvements were required to ensure the dental care records accurately reflected the clinical assessments including assessment of patients' gum health and soft tissues (including lips, tongue and palate).

The practice did not always record that they had monitored patients' oral health and given appropriate health promotion advice. There was not always evidence that staff explained treatment options to ensure that patients could make informed decisions about any treatment.

Are services caring?

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

We received feedback from patients on the day of inspection. Patients said they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff. We found that current dental care records were stored securely; however records that were to be destroyed were not stored securely.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day. The practice had a complaints policy and procedure in place. The practice also did have a system in place to routinely collect feedback from patients.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Summary of findings

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the area manager. We were told staff meetings took place and saw evidence of this.

The practice had a programme of clinical audit in place for reviewing radiographs and dental care records; however we found these not to be accurate.

Limited governance arrangements were in place to guide the management of the practice. We noted that risks associated with undertaking regulated activities such as employing staff without suitable checks had not been suitably identified and mitigated. Dental care records awaiting destruction were not being stored securely.

Eastside Dental Practice

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, comprehensive inspection on 14 April 2016. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

During our inspection visit, we reviewed policy documents. We spoke with five members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency

medicines and equipment. We observed a dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the reception area.

We received feedback from 17 patients. Patients were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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 was a system in place for reporting and learning from incidents. We were told that there had been no incidents in the past year. There was a policy in place which described the actions that staff needed to take in the event that something went wrong or there was a 'near miss'. One of the principal dentist confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result.

Staff understood the process for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There was a system in place for recording such injuries. However, we were told that there had not been any such incidents in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team and social services. One of the principal dentists was the lead in managing safeguarding issues. We saw evidence that four members of staff had completed safeguarding training in the past 12 months. The staff we spoke with were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had not been any safeguarding issues that had required to be reported to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues with the area manager.

The practice had carried out risk assessments and the practice had implemented policies and protocols with a view to keeping staff and patients safe. For example, they had a health and safety policy and had carried out risk assessments relating to fire safety and Legionella. We found that the fire risk assessments were being reviewed however; some of the recommendations made following the Legionella risk assessment conducted in 2014 had not been implemented.

We were told that the dentists used rubber dam for root canal treatments in line with current guidance. (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 and protect the airway. Rubber dam should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. There was a practice protocol for responding to an emergency.

The practice had emergency equipment and medicines in accordance with guidance issued by the Resuscitation Council UK and the British National Formulary. This included emergency medicines, oxygen and an automated external defibrillator (AED). (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). However, there was no pocket mask (Apocket mask is a device used to safely deliver rescue breaths during a cardiac arrest). We were told that the emergency equipment was checked regularly and we saw evidence of this.

We looked at four staff records. We found evidence that these staff members had received training in emergency resuscitation and basic life support.

Staff recruitment

There was a recruitment policy in place. We reviewed the recruitment records of the four staff members employed at the practice and saw that the practice carried out some checks to ensure that the person being recruited was suitable and competent for the role. This included obtaining proof of identification and history of past employment.

However, we did not find evidence in two clinical staff records looked at, that checks with the Disclosure and Barring Service (DBS) had been carried out. (The 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). We were told that this was an oversight

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and after the inspection one of the principal dentists sent us evidence of taking action to carry out the DBS check. There was also no evidence that references had been obtained for staff. The practice had checked that staff (where relevant) were registered with the General Dental Council. There was a copy of staff immunisation status for Hepatitis B in two of the staff records looked at.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place and fire safety checks and drills were carried out.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) Regulations. There were assessments where risks to patients, staff and visitors that were associated with hazardous substances had been identified, and actions were described to minimise these risks. The practice did have systems in place to receive alerts from relevant external organisations such as Medicines and Healthcare products Regulatory Agency (MHRA). However, there was no documentary evidence that this information was being shared with staff. One of the principal dentists assured us that this would be addressed.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an up to date infection control policy, which included decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. There was also evidence that all staff members had attended a training course in infection control in the past year.

The practice had followed 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)'. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment room and the decontamination room which ensured the risk of infection spread was minimised.

There was a dedicated decontamination room. A dental nurse showed us how they used the room, and we noted that they wore appropriate protective equipment, such as

heavy duty gloves and eye protection. The water temperature was checked at the beginning of the procedure for cleaning instruments manually. An illuminated magnification device was used to check for any debris during the cleaning stages; however, lint-free cloth was not used for drying instruments in accordance with HTM 01-05 guidance.

Items were placed in an autoclave (steriliser) after cleaning. They were then placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective.

The autoclave was checked daily for its performance in accordance with HTM 01-05 guidance. We were told regular infection control audits were carried out by the practice; the last one was carried out in February 2016.

The practice had an on-going contract with a clinical waste contractor. Waste was being segregated prior to disposal; Staff demonstrated they understood how to dispose of single-use items appropriately.

Records showed that a Legionella risk assessment had been carried out by an external company in 2014. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). However, some of the recommendations made as a result of the risk assessment to reduce the likelihood of Legionella contamination had not been actioned.

There were good supplies of personal protective equipment including gloves, masks, eye protection and aprons for patients and staff members. There were hand washing facilities in the decontamination room, treatment room and the toilets.

All of the staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients. We saw evidence of this in two of the staff records looked at.

Equipment and medicines

We found that the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the X-ray and fire fighting equipment had all been inspected and serviced in the past

Are services safe?

year. We saw portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

We noted dental care products were stored in a fridge as per manufacturer's guidance; however some were out of date and temperature checks were not being carried out on the fridge to ensure that items were being stored at the correct temperature.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. The local rules relating to the equipment were held.

There were suitable arrangements in place to ensure the safety of the equipment. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales.

One of the principal dentists was the radiation protection supervisor (RPS). There was evidence that they had completed the necessary radiation training. The last X-ray audit was carried out in March 2016.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked a sample of dental care records and discussed patient care with one of the principal dentists. We found that improvements were required to ensure the dental care records accurately reflected the clinical assessments including regularly assessment of patients' gum health and soft tissues (including lips, tongue and palate). The dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP).

The records showed that an assessment of periodontal tissues was not periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.) The dentists did not always check people's medical history and medicines they were on prior to initiating treatment.

From the dental care records we looked at it was not always evident that a risk based approach to dental recalls had been implemented in line with national guidance.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. The dentist identified patients' smoking status; however this was not always recorded in their notes. It was not always evident in the dental records we looked at that the dentists also always carried out examinations to check for the early signs of oral cancer.

We observed there were good health promotion materials in the reception area with a wide range of leaflets available for patients.

Staffing

Staff told us they received professional development and training. We reviewed four staff training records and saw that staff had completed continuing professional development (CPD) in responding to medical emergencies, infection control and safeguarding vulnerable adults and children, which are the subjects recommended by the General Dental Council.

There was a system in place to cover staff absenteeism. There was evidence that staff were engaged in an appraisal process whereby their training needs were identified and performance evaluated.

Working with other services

We were told that the practice referred patients who needed orthodontic treatment and that patients were given the referral letter to hand deliver. We were also told that when the patient had received their treatment they were discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff told us they discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients confirmed that treatment options, and their risks and benefits were discussed with them.

Our check of the dental care records found that these discussions however were not always recorded. On occasions, formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

Staff were not aware of the Mental Capacity Act (MCA) 2005. They could not accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. (The MCA 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). We were told that staff had not received training in this area.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Feedback received from patients who completed the CQC comment cards was positive. They mentioned staff's caring and helpful attitude.

We observed staff were welcoming and helpful when patients arrived to book an appointment. The receptionist spoke politely and calmly to all of the patients. Doors were always closed when patients were in the treatment room. Patients indicated to us in their feedback that they were treated with dignity and respect at all times.

Dental care records were stored in both paper format and electronically. Staff understood the importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained. However, we found that records that were meant to be destroyed were not being stored securely.

The computer screen at reception was positioned in such a way that patient confidentiality was well maintained and confidential patient information could not be seen by others across the reception desk. Staff also told us that people could request to have confidential discussions in the treatment room, if necessary.

Involvement in decisions about care and treatment

Details of dental charges and fees were displayed in the practice waiting room and also in the patient information leaflet. Staff told us that they took time to explain the treatment options available and gave patients a copy of their treatment plan. However, this was not always evident in the patient records we looked at. Patient's confirmed that they felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff. They told us that treatment options were well explained; the dentists listened and understood their concerns, and respected their choices regarding treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentist specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice was on the first and second floor; patients in wheelchairs could not gain access to the surgery. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us that a hearing loop was not available for patients who had hearing difficulties.

Access to the service

The practice was open Mondays from 9am-8pm, Tuesdays from 9am-7.30pm and Wednesday to Saturday from 9am-6pm.

Patients could book an appointment in advance. Patients told us that they could get an appointment in good time and did not have any concerns about accessing the dentists.

We asked the receptionist about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message gave details on how to access out of hours emergency treatment. Staff told us that the patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

Concerns & complaints

The practice had a complaints policy describing how the practice would handle complaints from patients and there was information for patients about how to make a complaint in the waiting area. We were told there had been no complaints in the past year.

Are services well-led?

Our findings

Governance arrangements

The practice had a clear management structure and relevant policies and procedures were in place. We were told practice meetings took place and we saw evidence of this.

However the governance arrangements were limited. Risks associated with undertaking regulated activities such as employing staff without suitable checks had not been suitably identified and mitigated. We saw a risk assessment in place for Legionella had not been acted upon to minimise risks.

Leadership, openness and transparency

The staff we spoke with told us that they enjoyed their work and had enough time to do their job.

We found staff to be caring and committed and overall there was a sense that staff worked together as a team. Staff had a good, open working relationship with the

principal dentists and area manager. There was a system of undertaking staff appraisals to support staff in carrying out their roles to a high standard and staff had a good, open working relationship with the principal dentists.

Learning and improvement

We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit in place for reviewing radiographs and dental care records. However improvements were required to accurately document the findings and where appropriate ensure learning points were shared with relevant staff.

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

Staff said they could approach the principal dentists with feedback at any time, and we found they were open to feedback on improving the quality of the service. We saw that there was a system in place to gather feedback from patients routinely and it was clear action had been taken as a result of the feedback.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems to enable them to:</p> <ul style="list-style-type: none">• assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.• assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.• Maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. <p>Regulation 17 (1) (2) (a) (b) (c)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p>

This section is primarily information for the provider

Requirement notices

- The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information (Schedule 3) relating to persons employed at the practice was obtained.

Regulation 19 (1), (2), (3)