

Dr. Priya Gupta

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Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 21 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 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.

Background

Dr Priya Gupta is located in the London Borough of Lewisham and provides NHS dental services. The opening hours for the practice were Monday to Wednesday 9.00 - 5.30pm; Thursday 9.00 – 4.45pm, Saturdays on request.

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The practice comprises of a dentist, a receptionist and a nurse.

The premises consist of two treatment room, a decontamination room and a waiting area.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

During the inspection we reviewed 47 completed CQC comment cards and spoke with three patients on the day of the inspection. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be polite and caring and they were treated with dignity and respect.

Our key findings were:

- There were effective processes in place to reduce and minimise the risk and spread of infection.

Summary of findings

- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE) .
- Patients were involved in their care and treatment planning.
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained
- Staff were trained in and there was equipment for them to respond to medical emergencies but the practice did not have appropriate access to an automated external defibrillator.
- Patients told us that staff were caring and treated them with dignity and respect.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and caring practice team.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments, but improvements could be made to the complaints system.
- There were good governance arrangements and an effective management structure.
- 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 its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's protocols and procedures for promoting the maintenance of good oral health giving due regard to guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention'
- Review the protocols and procedures to ensure staff are up to date with their mandatory training and their Continuing Professional Development.
- Review the practice's audit protocols of various aspects of the service, such as dental care records at regular intervals to help improve the quality of service. Practice should also check that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Review its complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by patients.

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

- Review the practice's safeguarding policy ensuring it refers to both children and adults.
- 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).

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.

There were systems in place to help ensure the safety of staff and patients. These included policies and procedures relating to safeguarding children and vulnerable adults from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice.

The practice assessed risks to patients, however improvements could be made to ensure risk assessments were regularly updated.

We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice had a system in place to document, investigate and learn from it. The practice followed procedures for the safe recruitment of staff which included carrying out criminal record checks.

Are services effective?

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

The practice followed guidance, such as that issued by National Institute for Health and Care Excellence (NICE). 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. However, improvements were required in the completion of these records. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation advice.

Staff were supported by the practice in maintaining their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

The patient feedback we received was very positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely, and patient confidentiality was well maintained.

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 routine and emergency appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. There was a system in place for people to make complaints. Patients were given the opportunity to give feedback through the practice's own feedback forms. There were arrangements to meet the needs of people whose first language is not English.

Are services well-led?

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

Summary of findings

There was a clear vision for the practice that was shared with the staff. There were governance arrangements and an effective management structure. Staff were given the opportunity to give their views of the service. Appropriate policies and procedures were in place, and there was monitoring of various aspects of care delivery, but improvements could be made in regards to the monitoring of care. Patients were given the opportunity to provide feedback about the practice through their own feedback forms.

Dr Priya Gupta

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 21 April 2016. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We received feedback from 50 patients. We also spoke with two members of staff. 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. We saw there was a system in place for learning from incidents. Staff told us this would mainly be through informal team meetings if an incident ever occurred. Staff were able to describe the type of incidents that would be recorded and the incident logging process. There had been no incident over the past 12 months.

Staff we spoke with 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. There had been no RIDDOR incidents over the past 12 months.

Staff understood the importance of the Duty of Candour and the need to inform the appropriate bodies and patients affected of any relevant incidents [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had details of what should be considered abuse and the practice was aware of the relevant people to contact in the local safeguarding team if they had any safeguarding concerns. There was a copy of the local authority's safeguarding policy. Staff had completed safeguarding training that was updated on a regular basis. They were able to explain their understanding of safeguarding issues. There had been no safeguarding incident that needed to be referred to the local safeguarding teams. Improvements could be made to ensure the practice had their own safeguarding policy for staff to refer to.

The practice also did not have a system in place for receiving and responding to patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA). The principal dentist told us they kept up

to date with these issues through other means but were not currently receiving the alerts. The principal dentist told us they would put a system in place to ensure the practice developed a practice safeguarding policy and signed up to receive MHRA safety alerts. Following the inspection we were shown evidence that the practice had developed a safeguarding policy.

Staff showed an understanding of hazardous materials and how they should be handled and disposed of. There was a COSHH Regulations file recording the hazardous substances used at the practice. However it did not contain sufficient information on the steps put in place to mitigate any risks associated with using the identified substances. The principal dentist told us they would take steps to ensure this information was put in place.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having infection control protocols, health and safety procedures and risk assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example risks associated with slips and falls and legionella.

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. During the course of our inspection we checked dental care records to confirm the findings. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated when they returned. The dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient.

The practice used 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 and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the 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

There were arrangements in place to deal with on-site medical emergencies. The practice had a medical emergency kit which included emergency medicines and

Are services safe?

equipment in line with Resuscitation Council UK and British National Formulary (BNF) guidance. We found that all the medicines were within their expiry date. The emergency equipment included medical oxygen.

However we found the staff did not have access to an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. The principal dentist advised us that arrangement had been made with a nearby GP to use their defibrillator but there had been no risk assessment completed to assess these arrangements. The principal dentist told us they would review the practice arrangements in regards to access to a defibrillator. [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]. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training.

Staff recruitment

The staff employed at the practice had been employed for over seven years. We saw that the practice had evidence of criminal record checks that had been carried out on staff. The practice had a policy that gave some details of how the practice recruited 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, proof of identification, check the authenticity of qualifications, obtain 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 satisfactorily carried out the necessary required checks for staff who worked in the practice.

Monitoring health & safety and responding to risks

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. However we found that some of the risk assessments had not been recently updated. For example, we saw risk assessments for fire had not been updated since 2009. We pointed this issue out to the principal dentist and following the inspection they provided evidence that steps were being taken to improve the risk assessment process.

Infection control

The practice had an infection control policy that outlined the procedure for issues relating to minimising the risk and spread of infections. This included details of procedures for hand hygiene, clinical waste management and personal protective equipment. 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. The dental nurse was the infection control lead. There was a flow from dirty to clean areas to minimise the risks of cross contamination. Staff 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, cleaning instruments suitably and using 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.

Staff told us that daily, weekly and monthly checks that were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively.

We saw evidence that staff had been vaccinated against Hepatitis B to protect patients from the risks of contracting the infection.

There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and in lockable bins. The bins were appropriately stored away from the public while awaiting collection.

The practice was visibly clean and tidy. There were stocks of PPE (personal protective equipment) such as gloves and aprons for both staff and patients. We saw that staff wore appropriate PPE. Hand washing solution was available.

A Legionella risk assessment had been completed in April 2016 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The practice used distilled water in all dental lines. The water lines were flushed daily and weekly.

Equipment and medicines

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean

Are services safe?

and sterilise the instruments and X-ray equipment. However we found that Portable appliance testing (PAT) had not been completed since 2009 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 and stock control of the medicines used in the practice. Prescription pads were stored securely and logged appropriately.

Radiography (X-rays)

The principal dentist was the Radiation Protection Supervisor (RPS). An external organisation covered the role

of Radiation Protection Adviser (RPA). There were suitable arrangements in place to ensure the safety of the equipment. Local rules relating to the use of equipment were available. Evidence was seen of radiation training for staff undertaking X-rays. X-rays were graded and audited as they were taken. There had been an audit of radiography within the last year. However, there were no critical examination packs for the X-ray equipment and the provider did not have a record of HSE notification. The principal dentist told us that action would be taken to ensure critical examinations were carried out for the x-ray equipment.

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, for example in regards to dental recalls and wisdom teeth removal.

The practice was promoting the maintenance of good oral health in regards to fluoride application, oral hygiene and fissure sealants. The practice were aware of though not fully of the Delivering Better Oral Health ('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)..

During the course of our inspection we spoke with the dentist and checked dental care records to confirm the findings. We saw evidence of comprehensive detailed assessments that were individualised. This included having an up to date medical history visit, details of the reason for visit, medical alerts, and a full clinical assessment with an extra- and intra-oral examination. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool was taken in most of the records we reviewed, However we found that this information was missing from some of the records we checked. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Information about the costs of treatment and treatment options available were also given to patients and made available in the waiting area.

Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking, diet and alcohol intake. Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive care advice on tooth brushing and oral health instructions as well as fluoride application and alcohol use. We saw that leaflets on oral health and dietary advice were available in the waiting area.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional

development to ensure that staff were up to date with the latest practices. This was to ensure that patients received high quality care as a result. Examples of staff training included topics such as safeguarding, decontamination training, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice. We saw that the practice maintained records that detailed training undertaken and highlighted training that staff needed to undertake. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours. However we found that improvements could be made in regards to ensuring that staff maintained appropriate registration with professional bodies. There was some evidence that the practice carried out these checks but there were gaps in these records. We spoke to the principal dentist about this and they told us they would ensure improvements were made to these records.

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. This included referrals to specialists for oral surgery. Dental care records we looked at contained details of the referrals made and information that was shared between the practice and the referring organisations. However, we found improvements could be made in regards to following up on referral that had been made.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We received feedback from 50 patients. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment. This was confirmed when we checked dental care records and noted evidence that dentists discussed treatment options including risks and benefits, as well as costs with 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. Some staff had received training on the Mental Capacity Act (MCA) 2005. (MCA 2005 provides a legal framework for health and care professionals to act and make decisions on

Are services effective?

(for example, treatment is effective)

behalf of adults who lack the capacity to make particular decisions for themselves). 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 received feedback from 50 patients. The feedback we received was positive. Staff were described as caring and helpful. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of fees. We also saw that the practice had a leaflet that included information about dental care and treatments, and opening times.

We spoke with staff including the dental nurse and receptionist on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. Staff told us that treatments, costs, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice.

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. Staff told us there was enough time to treat patients, and that patients could generally book an appointment in good time to see a dentist. Feedback from patients confirmed that patients felt they could get appointments when they needed them. There were arrangements in place for out of hours appointments. These arrangements were advertised on the practice telephone answering machine and on the practice leaflet.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. There was ramped access to the building. The principal dentist told us they would use a language line if they ever needed to communicate with someone whose first language was not English.

Access to the service

Opening hours for the practice were available on a practice leaflet. The practice was open Monday to Wednesday 9.00 -5.30pm; Thursday 9.00 – 4.45pm, Saturdays on request. These instructions were on the telephone answering machine and practice leaflet.

Concerns & complaints

The practice had arrangements in place for handling complaints and concerns. There was a complaints policy that informed patients who they should contact if they wished to make a complaint. However, the policy did not contain sufficient details of how complaints would be dealt with, for example there was no details of response times or external organisations patients could contact if they were unhappy with how the complaint was dealt with. There had been no complaints logged in the last year. Following the inspection the provider provided evidence that the policy had been update to include more information about how complaints would be dealt with.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, employment policies and infection control. There was a clear management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility.

The principal dentist told us regular informal meetings were held to discuss issues in the practice and update on things affecting the practice. Staff we spoke with confirmed that regular meeting took place. However, improvements could be made to ensure records of these meetings were maintained.

The quality audits undertaken at the practice included infection control, dental and radiography audits.

Leadership, openness and transparency

Staff we spoke with said they felt the owner of the practice was open and transparent. Staff told us they were comfortable about raising concerns with managers. They felt they were listened to and responded to when they did so. They described the culture encouraged candour, openness and honesty.

Learning and improvement

Staff told us they had good access to training. We saw staff appraisals had taken place where they had the opportunity to discuss training and development requirements. Staff working at the practice were supported to maintain their continuing 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 infection control and radiography. However we found that improvements could be made in this area. For example there had been no audit of records and some audits did not have action plans detailing how the practice could learn from audits undertaken.

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

The practice had gathered feedback from patients through their own surveys. The practice was taking the NHS friends and family test. We saw that the combined test results from March 2016 found that 98% of patients said they would be extremely likely to refer friends to the service. We also saw that the practice had a suggestion box that gave patients the opportunity to make suggestions. We saw the practice acted upon feedback they received. For example, we saw that the surgery's internal decoration had been improved following feedback from patients.