

Dr Ola Sadiq

Stanstead Dental

Inspection Report

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Overall summary

We carried out a comprehensive inspection of Stanstead Dental on the 6th May 2015. The practice offers both NHS and private treatments. The staff structure of the practice consists of a principal dentist, a dental nurse, a receptionist and a trainee dental nurse. There is also currently a locum dentist working in the service.

We spoke with four patients who used the service on the day of our inspection and reviewed 20 CQC comment cards that had been completed by patients prior to the inspection. The patients we spoke with were complimentary about the service. They told us they found the staff to be friendly and informative. They felt they were treated with respect. The comments on the CQC comment cards were also very complimentary about the staff and the service provided.

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

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

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

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and adults from abuse, maintaining the required standards of infection prevention control and maintenance of equipment used at the practice. The practice assessed risks to patients and managed these well. 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 documented, investigated and learnt from it. The practice followed procedures for the safe recruitment of staff, this included carrying out DBS checks, and obtaining two references.

Are services effective?

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

The practice followed guidance issued by National Institute for Health and Care Excellence (NICE) for example, in regards to prescribing antibiotics and dental recall intervals. Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's medical and oral health.

Staff were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice.

Are services caring?

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

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

Are services responsive to people's needs?

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

Patients had good access to appointments at the practice and emergency appointments were available on the same day. There was sufficient well maintained equipment, to meet the dental needs of their patient population. There was a complaints policy clearly publicised in the reception area. We saw that the practice responded to complaints in line with the complaints policy.

Are services well-led?

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

The principal dentist had a clear vision for the practice that was shared with the staff. Staff felt supported by the principal dentist and there were regular meetings where staff were given the opportunity to give their views of the service. There were good governance arrangements and an effective management structure. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery.

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Detailed findings

Background to this inspection

We carried out an announced inspection on 06 May 2015. This inspection was carried out by a CQC

Inspector and a specialist advisor.

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

We spoke with four patients who used the service on the day of our inspection and reviewed 20 CQC comment cards that had been completed by patients prior to the

inspection. We also spoke with four members of staff, including the principal dentist. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had suitable processes around reporting and discussion of incidents. Staff we spoke with were aware of the incident reporting system. There had been two incidents in the last twelve months. We reviewed one of the incidents which related to a clock falling in the patient waiting room and found that the practice had made arrangements to stop this happening again. The principal dentist understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the last 12 months.

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 both adult and children safeguarding policies. The policies included procedures for reporting safeguarding concerns and contact information for the local authority safeguarding teams. Staff we spoke with had completed safeguarding training and were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. The practice had not had any situations which they had needed to refer for consideration by safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. For example they had an infection control policy, health and safety policies, and had carried out risk assessments. Staff had received training for responding to sharps injuries (needles and sharp instruments) and there were also posters with instructions on how to deal with this issue.

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

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

rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field.] Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example use of radiography equipment, sharps storage and security of the premises.

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received first aid training. The practice had a medical emergency kit which included emergency medicines and equipment. We checked the medicines and we found that all the medicines were within their expiry date. The emergency equipment including an automated external defibrillator and oxygen. Staff were trained to use the emergency equipment. There was a system in place for checking the medical emergency kit. This included checking the expiry dates of medicines in the kit. However we found that the oxygen in the kit had expired in September 2012. We made the provider aware and they made arrangements for the cylinder to be replaced the next day; we saw an email that evidenced this had happened.

Staff recruitment

The practice had a policy for the safe recruitment of staff, for example, obtaining proof of identification, two satisfactory references, proof of qualifications, proof of registration with the appropriate professional body and up to date Disclosure and Barring Service (DBS) checks were sought for all employees. We saw evidence of this in the staff files we checked.

Monitoring health & safety and responding to risk

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was continually being updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for manual handling, fire safety, use of display screens and environmental building issues. The assessments were reviewed annually and included the controls and actions to manage risks.

The practice had a comprehensive business continuity plan to deal with emergencies that could disrupt the safe and smooth running of the service. The plan covered what to

Are services safe?

do in the event of a problem with the building the practice was based in, fire and staffing issues. The plan included contact details of who to contact in event of an incident that affected the continuity of the business.

Infection control

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

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

We examined the facilities for cleaning and decontaminating dental instruments. We found there was a clear flow of these instruments from dirty through to sterilisation and date stamped packaging. We saw that an illuminated magnifier was used to make it easier to see any residual contamination. Decontamination procedures were carried out in a dedicated decontamination room. In accordance with HTM 01-05 guidance and instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which minimised the risk of the spread of infection. The last infection control

audit had been carried out in November 2014. We saw that the practice had acted upon issues identified in the audit. For example they had changed the flooring in the practice as a result of the audit.

We observed the practice was clean and tidy. There was a cleaning plan, schedule and checklist, which we saw were completed. Cleaning equipment and materials were stored appropriately in line with Control of Substances Hazardous to Health (COSHH). COSHH is the law that requires employers to control substances that are hazardous to health.

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

There were hand washing facilities in each treatment room and staff had access to good supplies of personal protective equipment (PPE), such as gloves and masks for patients and staff members. Staff and patients we spoke with confirmed that staff wore protective aprons, gloves and masks during assessment and treatment in accordance with infection control procedures.

Equipment and medicines

We found that all of the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety. There were no other medicines stored on the premises apart from the ones in the emergency kit.

Radiography (X-rays)

The practice maintained suitable records in the radiation protection file demonstrating the maintenance of the x-ray equipment. The principal dentist was the radiation protection supervisor (RPS) for the practice. An external contractor covered the role of radiation protection adviser. X-ray audits were undertaken at least on an annual basis.

Are services safe?

The audits looked at issues such as the maintenance of X-ray equipment, quality of images and the radiography training staff had undertaken. This was done to ensure X-rays that were

taken were of the required standard. We saw that local rules relating to the X-ray machine were displayed in accordance with guidance. We saw there were CPD records related to radiography for all staff that undertook radiography tasks.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed electronic and paper records of the care given to patients. We reviewed the information recorded in ten patients' dental care records about the oral health assessments, treatment and advice given to patients. We found these were comprehensive and included details of the condition of the teeth, soft tissues lining the mouth and gums. These were repeated at each examination in order to monitor any changes in the patient's oral health. Patients were asked to complete a questionnaire updating the practice on their medical history each time they visited the practice for a check-up or treatment.

Records showed assessment of the periodontal tissues was undertaken and recorded using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening

tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need). BPE scores were noted in the records and the dentist planned treatment around the score that was achieved.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the dentists used current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks, needs and to determine how frequently to recall them. The practice also showed compliance with the Delivering Better Oral Health Too-kit. 'Delivering better oral health' is an evidence based toolkit to support dental teams in improving their patient's oral and general health.

Health promotion & prevention

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

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. The practice used a variety of ways to ensure development and learning was undertaken including both face to face and e-learning. Examples of staff training included core issues such as health and safety, safeguarding, radiography, 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 also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours.

Working with other services

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

Consent to care and treatment

Patients' who used the service were given appropriate information and support regarding their dental care and treatment. We spoke with four patients who used the service and reviewed 20 comments cards. Patients told us they had been given clear treatment options which were discussed in an easy to understand language by practice staff. Patients told us they understood and consented to treatment. This was confirmed when we reviewed patient records and found signed consent forms for treatments. The principal dentist had received training on the Mental Capacity Act and had talked with staff about implications it had for staff and patients. Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with four patients and looked at twenty CQC comment cards which patients had

completed prior to the inspection. Patients were positive about the care they received from the practice. They told us they were treated with respect and dignity. Patients records were kept in a secure location and no records were located such where they could be seen or accessed by patients. Staff we spoke with were aware of the importance of providing patients with privacy and told us there were always rooms available if patients wished to discuss something with them away from the reception area. We observed staff were helpful, discreet and respectful to patients. All patients were given a warm greeting by the receptionist. Doors were always closed when patients were in the treatment room.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of NHS dental charges and private fees. We also saw that the practice had a website that included information about dental care and treatments, costs and opening times. The website also contained information regarding how patients could access emergency dental care if required; this information was also available in the patient information leaflet located in the reception area.

Staff told us that treatments, risks and benefits were discussed with each patient to ensure the patients

understood what treatment was available so they were able to make an informed choice. The dentist explained what they were going to do and used aids such as models of teeth and a mirror to show patients visually what their teeth/oral cavity required. They were also shown this on a radiograph where applicable. Patients were then able to decide which treatment option they wanted.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

We found the practice had an efficient appointment system in place to respond to patients' needs. There were vacant appointment slots to accommodate urgent or emergency appointments. We observed one patient call for an emergency appointment on the day of the inspection and it was arranged for them for that day. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting. Patients told us that they had sufficient time during their appointment and that they were seen promptly.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services that included access to telephone translation services. They also had a communication card with key dental treatments and phrases in a number of different languages that they used to communicate with people whose first language was not English. The building was accessible to people in wheelchairs.

Staff were able to describe to us how they had supported patients with additional needs such as a learning disability and those who were wheelchair users. For example staff explained how equipment in the treatment rooms could be moved to meet the needs of people in wheelchairs.

Access to the service

The practice displayed its opening hours in their premises and on the practice website. The practice had clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were displayed on posters in the reception areas, on the telephone answering machine, as well as being on their website. CQC comment cards we reviewed showed patients felt they had good access to the service.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints policy and information for patients about how to complain was available in the reception area. The policy included contact details of external organisations that patients could contact if they were not satisfied with the provider's response to a complaint. There had been two complaints in the last year and they had both been dealt with in line with the advertised policy. A suggestions box was available in the waiting room.

Are services well-led?

Our findings

Governance arrangements

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

The principal dentist undertook quality audits at the practice. This included audits on health and safety, waste management, infection control, staffing and records. We saw that action plans had been drafted following audits and actions taken as necessary.

Leadership, openness and transparency

Staff we spoke with said the vision of the principal dentist was to provide high quality dental care to their patients. They told us this vision was shared with them. We saw from minutes that team meetings were held regularly. The meetings covered a range of issues including health and safety issues, complaints and the practice development plan. Staff told us that there was an open culture within the

practice and they had the opportunity and were happy to raise issues at any time. One member of staff gave an example of a discussion that they had had about improving the use of emails at the practice that the principal dentist had acted upon.

Management lead through learning and improvement

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

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

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

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