

Mr. Moeen Hatimi

Rosehill Dental Surgery

Inspection Report

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Date of inspection visit: 8 September 2017
Date of publication: 16/10/2017

Overall summary

We carried out this announced inspection on 8 September 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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 form the framework for the areas we look at during the inspection.

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.

Background

Rosehill Dental Surgery is in Carshalton and provides NHS and private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Car parking spaces are available near the practice on surrounding roads.

Summary of findings

The dental team includes seven dentists, six dental nurses and two receptionists. The practice has four treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 47 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with four dentists, three dental nurses, one trainee dental nurse and two receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

8.30am to 5.30pm Monday to Fridays.

Our key findings were:

- The practice was clean and well maintained.

- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

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 systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, skilled and gentle. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 47 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, gentle and respectful. They said that they were given helpful and honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



Are services responsive to people's needs?

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

No action



Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. There had not been any incidents in the last 12 months. The principal explained to us how they had dealt with an incident which had occurred approximately two years ago. The explanations were in line with their policy.

The practice received national patient safety and medicines alerts from the external organisations including the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The principal dentist was the safeguarding lead for the practice. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. Details of the local authority for reporting incidents or concerns were available in the practice.

The practice had a whistleblowing policy. Staff we spoke with told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. The training completed this year did not include medical emergencies; it only covered use of automated external defibrillator and cardio-pulmonary resuscitation (CPR). We discussed this with the principal dentist and they assured us that they would return to the full training course next year.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. Many staff had been employed in the service for a number of years. We saw that relevant checks at their time of employment were carried out. We looked at eight staff recruitment files. These showed the practice followed their recruitment procedure in most cases, as some documents were missing.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics.

Fire risk assessment procedures were in place. There was a fire risk folder which had records of smoke and fire alarm testing; a fire risk assessment (completed in November 2016); fire precautions policy; emergency evacuation plan and evidence of testing and servicing of the fire equipment. Fire drills were completed once a year.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Are services safe?

A dental nurse worked with the dentists at all times.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Most staff completed infection prevention and control training every year. Some had not carried out refresher training for the last couple of years. The principal dentist told us they would complete this as soon as possible.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The practice had a recent audit completed by the local NHE team. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiography they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice promoted preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

The dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. We saw this was evidenced in patients' dental care records.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new (dental nurses and administration staff) to the practice had a period of induction based on a structured induction programme. Dentists had a less formal induction

and it was not documented. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals on staff files.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team broadly understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, caring and considerate. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone. Staff gave us examples of how they treated patients with respect and dignity. Examples staff gave included referring to patients by name when they came into the practice (those who were well known to staff) and elderly or vulnerable patients were accompanied to the bus stop or car if they felt unsettled after treatment.

Nervous patients said staff were compassionate and understanding. We saw many examples in patients' feedback explaining how staff had supported them when they attended the practice.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided limited privacy when reception staff were dealing with patients. Due to this staff told us they spoke with lowered voices if discussing anything private. Staff told us

that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. Some paper records were in lockable cabinets.

Music was played in the treatment rooms and there were magazines in the waiting room(s). The practice provided drinking water, tea and coffee if a patient requested.

Involvement in decisions about care and treatment

The practice gave patients information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. Staff told us that they explained costs with patients. The results of a recent survey suggested that improvements could be made with explaining costs. The practice had taken action to improve this.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Each treatment room had a screen so the dentists could show patients photographs and radiography images when they discussed treatment options.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Slots were reserved for emergencies within opening hours. If all the slots were used then patients were asked to come and wait, but were still seen on the same day. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. For example, for patients with memory problems staff would call them or a family member to remind of an appointment.

Staff described an example of a patient who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived; if they were running late they would ensure they engaged with the patient to reduce their anxieties.

Promoting equality

The practice had made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language and braille. The staff team was multi lingual and staff spoke languages which included Gujarati, Hindi, Urdu, Romanian and Swahili.

Access to the service

The practice displayed its opening hours in the premises and in their information leaflet.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept X appointments free for same day appointments. They were the local provider for the emergency on-call arrangement (111 service). The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. There was a patient complaints record form for patients to complete and outline their concern. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. We reviewed the two complaints had been made recently. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. Staff we spoke with were very complimentary about the principal dentist. They told us they knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately. They told us that they felt confident to discuss concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

Staff were complimentary about the leadership of the principal dentist. They gave examples of them feeling valued and being included. For example they had an annual Christmas gathering and the principal also provided lunch for the staff team when they had staff meetings.

The practice held meetings every three months where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. Staff told us they enjoyed the meetings and found them very useful.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiography and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The dental nurses and reception staff had annual appraisals. Dentists completed their own personal development plans which they discussed with the principal dentist. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals and personal development plans in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys/comment cards/verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on for example patients commented that the practice needed redecorating which the practice acted upon. Results of the latest patient survey showed that 79% of patients who took part were not aware that there was a suggestion box. An outcome of this was that the suggestion box was moved to a more prominent place so it would be seen. Also 29% of patients commented that costs were not explained clearly to them. As a result staff discussed this at a team meeting and reminded dentists to explain costs. They said that patients reported that this had improved things.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.