

Mr. James Uberoi

Salcot Crescent Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 7 September 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 providing well-led care in accordance with the relevant regulations.

Background

Salcot Crescent Dental Practice is a mixed NHS dental practice in Croydon. The practice is situated in a converted residential property. The practice has five dental treatment rooms, two patient waiting rooms and a separate decontamination room for cleaning, sterilising and packing dental instruments. In addition there is a reception and waiting area for patients.

The practice is open 8.45am to 5.00pm Monday to Fridays. The practice has five dentists and they are supported by six dental nurses. Other staff included a dental hygienist, a practice manager and two receptionists.

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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 32 patients via completed comment cards and speaking with patients on the day of the inspection.

Summary of findings

Patients provided a positive view of the services the practice provides. Patients commented on the quality of care, the friendliness and professionalism of all staff, the cleanliness of the practice and the overall quality of customer care.

Our key findings were:

- We found that the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.
- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- Infection control procedures were robust and audits were being completed every 6 months.
- The practice had a safeguarding lead with information available to staff to refer to. Staff demonstrated knowledge of safeguarding.
- The practice had a system in place for reporting incidents which the practice used for shared learning.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff recruitment files were organised and included relevant pre recruitment documents such as interview notes, CVs and references.
- There was a structured approach to learning and development and core training was provided by the owner. Staff had the opportunity to attend learning and training events.
- Staff we spoke with felt well supported by the practice owner and were committed to providing a quality service to their patients.
- Feedback from patients gave us a positive picture of a friendly, caring, professional and high quality service.

There was one area where the provider could make improvements and should:

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.

Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff. Lessons learnt were discussed amongst staff. Suitable pre-employment checks were carried out. There was an appointed safeguarding lead and all staff had completed safeguarding training.

Dental instruments were decontaminated suitably. Medicines were available in the event of an emergency. Regular checks were undertaken to monitor expiry of medicines. There was medical oxygen and staff had access to an automated external defibrillator (AED) in the event of a medical emergency. Regular checks were carried out, although the practice did not maintain logs of the checks.

No action



Are services effective?

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. Referrals were made appropriately. Staff were up to date with their CPD requirements and we saw evidence of training beyond this also.

The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion and maintaining good oral health.

No action



Are services caring?

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

We received feedback from 32 patients via completed Care Quality Commission comment cards and speaking with patients on the day of the inspection. Feedback from patients was positive. They described staff as friendly and professional. Patients stated that they were involved with their treatment planning and were able to make informed decisions. We saw examples of equipment used to make the patient experience more comfortable and considerate of patients' needs.

Patients referred to staff as being caring, empathetic, and professional and treating them with dignity and respect. They felt involved in their treatment and gave examples of where staff had ensured they understood treatment.

No action



Summary of findings

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took these into account in how the practice was run. Reasonable adjustments were made for patients when necessary. Patients could access appointments and urgent and emergency care was provided when required.

The practice had level access into the building for patients with mobility difficulties and families with prams and pushchairs.

There were systems in place for patients to make a complaint about the service if required.

No action



Are services well-led?

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

Staff meetings were held monthly and staff told us they were happy with the way information was shared with them and arrangements that existed for them to be informed. Audits were being completed regularly. Governance arrangements were in place for the management of the practice. Risk assessments and servicing of equipment was being carried out at timely intervals.

No action



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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.

The inspection was carried out on 7 September 2016 by a CQC inspector who was supported by a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the principal dentist, dental nurse and receptionist and reviewed policies, procedures and other documents. We received feedback from 32 patients via comment cards that we had asked patients to complete, and also speaking with patients.

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 principal dentist demonstrated an awareness of general incident reporting and RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013). The practice had an accident and reporting policy with associated forms to complete in the event of an accident. This system also included the reporting of minor injuries to patients and staff. The practice reported that there had been one minor incident that required reporting over the past 12 months.

We spoke with the principal dentist about the handling of incidents and the Duty of Candour. The explanation was in line with the duty of candour expectations. [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].

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). The principal dentist explained that relevant alerts were discussed with staff and also at their practice meetings. The principal dentist gave an example of a recent alert relating to safety when using three pin plug covers and explained the changes they had made as a result of this alert.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Relevant contacts for reporting safeguarding concerns outside the practice were displayed in the staff room. Training records showed that staff had received safeguarding training for both vulnerable adults and children this included the lead completing level three child protection training.

Dentists were responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were in line with the current EU directive on the use of safer sharps.

The dentists in the practice were following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams 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 histories were reviewed at each subsequent visit and updated if required. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies at the practice. The practice had an automated external defibrillator (AED) (a portable electronic device that analyses life threatening irregularities of the heart and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). Staff had received training in how to use this equipment.

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen cylinder we saw were all in date and stored in a central location known to all staff. Emergency medicines were checked on a weekly basis.

Staff recruitment

There was a full complement of the staffing team. The team consists of five dentists, six dental nurses, one hygienist, two receptionists and a practice manager.

Are services safe?

All relevant staff had current registration with the General Dental Council the dental professionals' regulatory body. The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work.

These checks included for example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. We reviewed staff files and saw that all files were up to date with relevant information including interview notes and copies of curriculum vitae and references. We reviewed four files and found all relevant documentation.

We saw that all staff had received appropriate checks from the Disclosure and Barring Service (DBS). These are checks to 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.

Monitoring health & safety and responding to risks

The practice had a health and safety guidance document which they referred to, to monitor health and safety.

The practice carried out general health and safety risk assessments every month. The assessment included identifying potential hazards, assessing who was at risk and the control measures to minimise the risks. We saw that actions arising as a result of the assessments were addresses promptly.

There was a business continuity plan, reviewed in May 2016. The plan was used in conjunction with a business impact analysis plan. The action plan was reviewed every six months. The plan outlines all possible business continuity events and how they would be handled.

There was a fire risk assessment which had been completed on 20 July 2016. The assessment highlighted areas of improvements and had an associated action plan. Smoke alarms were tested monthly; fire drills were carried out every six months. Fire evacuation plans were displayed in appropriate areas. There were appointed fire wardens and the majority of staff had completed recent fire awareness training.

Infection control

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections. The nurse was the infection control lead.

There was a separate decontamination room with a clear end to end flow of "dirty" to "clean" instruments in line with current guidance. There were three sinks in the decontamination room in line with current guidance. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). This included cleaning the instruments in a washer disinfectant; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the autoclave; pouching and then date stamping, so expiry date was clear. Hand pieces were cleaned by using a universal steriliser specifically for hand pieces. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

There were two autoclaves. The logs from the autoclaves provided evidence of the daily, weekly and monthly checks and tests that were carried out on the autoclave to ensure it was working effectively. The logs for the hand piece steriliser evidenced the daily and weekly checks carried out to the machine.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly in the surgery and decontamination room. Clinical waste was stored appropriately in a locked external bin until collection by an external company, every month.

There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Wall mounted paper hand towels were available.

The surgery was visibly clean and tidy. We were told the dental nurses were responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. We observed all areas of the practice to be clean and tidy on the day of our inspection.

Are services safe?

The practice had an external Legionella risk assessment which was due to be reviewed in May 2017. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Staff had completed training for Legionella management. Staff carried out regular testing which included weekly and monthly water testing of taps in the staff room, outside taps. Water temperatures were checked monthly.

The practice was carrying out regular infection control audits every six months.

Equipment and medicines

The practice had portable appliances and carried out PAT (portable appliance testing) every year. Appliances were last tested in June 2016 and were due for re-test in June 2017. One of the autoclaves had been serviced in April 2016 and the other was newly installed so no servicing was required at the moment. The pressure vessel certificates were dated April and June 2016.

Radiography (X-rays)

The practice had a radiation protection file. The principal dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

The radiation protection file evidenced that the equipment was being serviced in line with manufacturer's recommendations. Critical examination testing had also been completed. Health and safety executive notification was in the file and local rules were displayed.

All the dentists had completed Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 (IRMER) training in line with their CPD requirements.

Radiography audits were completed for each X-ray and a further audit completed every six month on a sample of X-rays. Where issues were identified with X-rays, actions were put in place to improve.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist we spoke with carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described to us how they carried out their assessment of patients for routine care. This included the patient being asked to complete a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. A treatment plan was then given to the patient which included the cost involved.

Dental care records that were shown demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (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). These were carried out where appropriate during a dental health assessment.

Health promotion & prevention

We saw evidence that clinicians in the practice were proactive with giving patients health promotion and prevention advice.

Preventative advice included tooth brushing techniques and dietary advice. Smoking and alcohol advice was given to patients where appropriate. This was in line with the Department of Health guidelines '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. Dental care records we observed demonstrated that dentists had given oral health advice to patients. A range of dental hygiene products to maintain healthy teeth and gums were available for patients; these were available in the reception area. Underpinning this was a range of leaflets available to patients explaining how patients could maintain good oral health.

Two of the dental nurses had been trained for fluoride application and had also completed smoking cessation and oral health educator training.

Staffing

There were five dentists and six dental nurses. All clinical staff had current registration with their professional body, the General Dental Council. We saw example of staff working towards their continuing professional development requirements, working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years]. Staff were well supported to maintain their skills and knowledge to deliver effective care and treatment, through training and development opportunities. We saw examples of staff completing core training as well as additional training.

Working with other services

The practice had processes in place for effective working with other services. There was a standard template for referrals such as orthodontists, sedation oral surgery. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records.

Consent to care and treatment

We spoke with the principal dentist about how they implemented the principles of informed consent. The dentist had a very clear understanding of consent issues and also told us they referred to the organisations consent policy.

All staff demonstrated sufficient knowledge of understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them]. Most staff had completed recent mental capacity Act training.

Dental care records we checked demonstrated that consent was obtained and recorded appropriately.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

Conversations between patients and dentists could not be heard from outside the treatment room which protected patient's privacy.

Staff gave examples of when they displayed care and empathy for patients. For example, staff told us that when a patient had complex or difficult treatment they always called them the following day to ensure they were feeling ok. Staff had completed training for dealing with anxious patients.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We received feedback from 32 patients which included the completed CQC patient comment cards and speaking with patients on the day of the inspection. The feedback provided a positive view of the service the practice provided.

Many patients who provided feedback had been with the practice for a number of years. These patients provided positive examples of how they had been respected and treated with dignity. Patients commented that the service and quality of care they received was good. We observed that reception staff was polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The patient feedback we received confirmed they felt involved in their treatment planning and received enough information about their treatment. Patients commented that treatment was explained well, often with the use of models and aids. Treatment options were outlined and copies of treatment plans given to them. We reviewed the most recent patient survey and 46 out of 51 said that options were explained to them.

Information relating to costs was always given to patients and also clearly displayed in the patient waiting area and in the practice leaflet.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Staff gave us various examples of how they responded to patient's needs. For example, staff had received specific training to respond to the needs of nervous patients, and explaining details in clear language for patients whose first language was not English.

Appointment slots were left free every morning and afternoon with all dentists to accommodate emergency and non-routine appointments. If a patient had a dental emergency they were asked to attend the surgery and would be seen as soon as possible.

Tackling inequity and promoting equality

The local population was diverse with a mix of patients from various cultures and background. The staff team was diverse and staff had access to language line. The staff team were multi lingual and this accommodated many of their patients.

The practice was set out over two levels and the entrance was step free with ramp access for people with mobility issues or parents with push chairs. Two of the ground floor surgeries were wheelchair accessible and accommodated patients with mobility needs.

Access to the service

The practice was open 8.45am to 5.00pm Monday to Fridays. Patients were able to access emergency care when the practice was closed through the local out of hour's service. This information was publicised via a poster in the waiting area and on the practice door. There was also a message on the telephone answering machine when the practice was closed.

The principal dentist told us that people were usually seen within a timely manner and waiting times were very good. We reviewed the results of the most recent patient survey and 42 out of 51 patients who participated said they were seen on time. The remaining nine said they were seen within less than 5 minutes.

Concerns & complaints

There had been three complaints made in the past 12 months. We reviewed the complaints policy and spoke with staff about the handling of complaints. Staff we spoke with had a good understanding of complaints and how to handle them in line with the organisation's policy. We reviewed two of the complaints made and saw that they had been investigated, the complainant written to with an explanation and an apology given where relevant.

Patients were made aware of how to complain through a poster displayed in the patient waiting area. The recent patient survey confirmed that vast majority of patients said they knew how to make a complaint if they needed to.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the practice. The practice maintained a wide range of policies and procedures. This included health and safety, staff recruitment and staffing.

Dental care records were stored in the reception area. The principal dentist told us they were in the process of re-arranging the storage of files to make them more secure. Some records were also held electronically on computers. Computers were password protected and only accessible to authorised staff.

Staff told us that audits completed over the last 12 months included audits on infection prevention and control, clinical record keeping and radiography quality audits. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. For example the radiography audit identified that further training was required for use of the beam aiming device to improve radiographs being taken.

Leadership, openness and transparency

Staff in the practice were clear about their lines of responsibilities. Leadership was clear with the principal dentist having a clear presence.

The practice purpose was in the practice leaflet to make patients aware of the practice aims and objectives.

We discussed the Duty of Candour requirement in place on providers with the principal dentist and they demonstrated understanding of the requirement. They gave us

explanations of how they ensured they were open and transparent with patients and staff. The explanations were in line with the expectations under the duty of candour. We saw evidence of this through our review of the significant event.

Learning and improvement

The practice held regular staff meetings to update staff and improve the service. We reviewed meeting minute notes and saw that topics discussed included incident reporting, duty of candour, complaints and staffing issues. Staff confirmed they found the meetings useful.

The principal dentist told us they were dedicated to the learning and development of their staff. To ensure staff skills remained current they provided medical emergencies, first aid, child protection and mental capacity Act training to all staff on an annual or bi-annual basis.

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

The practice took part in the NHS Friends and family test. We reviewed the results for July and August and saw that the vast majority of patients said they were 'extremely likely' to recommend the practice to relatives.

The practice results from their own patient surveys were also very positive. Surveys were carried out over the course of three months and they analysed to identify any themes and trends. Staff gave us examples of changes that had been implemented as a result of patient feedback.

Staff confirmed that their views were sought and they were encouraged to provide feedback about the service.