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Bywood Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 13 June 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

Bywood Dental Practice is a dental surgery located in Croydon and provides predominantly NHS dental services (approximately 1% private). The demographics of the local area was mixed with patients from a range of ethnic and social backgrounds.

The practice staffing consists of four dentists who each worked one day a week, one dental nurse and a practice manager.

The practice is open from 9.00am to 5.00pm Tuesday to Fridays. The practice is set out over one level on the ground floor of the building. There are two surgeries (only one is currently in use), a decontamination room, staff room, patient waiting area and reception. The building is wheelchair accessible however the toilets are not.

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.

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

We received feedback from 15 patients which included completed Care Quality Commission comment cards. Patient feedback was very positive about the service.

Summary of findings

Patients made comments that staff were friendly and professional and that they provided an excellent service.. People referred to being treated with dignity and respect and receiving a high level of care and treatment.

Our key findings were:

- Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff.
- Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff.
- There were systems in place to reduce the risk and spread of infection. Dental instruments were decontaminated suitably.
- Patients' needs were assessed and care was planned in line with current guidance.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- There was appropriate equipment for staff to undertake their duties, and equipment was well maintained.
- Staff had access to an automated external defibrillator (AED) and medical oxygen.
- There were processes in place to safeguard patients from abuse.
- All clinical staff were up to date with their continuing professional development.
- The practice was carrying out risk assessments regularly.
- Governance arrangements were in place, including audits being completed which evidenced continuous learning.

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. Processes were in place for staff to learn from incidents and lessons learnt were shared with staff. Policies were in place for pre-employment checks to be carried out.

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.

Processes were in place to ensure all equipment was serviced regularly. The practice was carrying out regular risk assessments.

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 had access to relevant training.

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 15 patients. Feedback from patients was positive. Patients were complimentary about staff and their professionalism. They described how they were treated with dignity and respect. Consent was obtained from them and options were discussed.

They felt involved in their treatment and gave examples of where staff had ensured they understood treatment. We observed staff treating people with respect and being polite.

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

Patients had good access to the service which included information available via the practice leaflet. Emergency appointments were reserved daily during opening hours to accommodate patients in need of an urgent appointment. In the event of a dental emergency outside of opening hours patients were directed to the '111' out of hours' service. The building was wheelchair accessible.

There were systems in place for patients to make a complaint about the service if required. A notice was displayed in the reception area and surgeries.

Are services well-led?

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

Staff meetings were held and information was shared with staff. Audits were being conducted and demonstrated they were being used as a tool for continuous improvements. Staff told us they were confident in their work and felt well-supported.

Governance arrangements were in place for effective management of the practice. Comprehensive risk assessments and servicing of equipment was being carried out appropriately.

No action



Bywood Dental Practice

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 13 July 2016 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information submitted by the provider and information available on the provider's website.

The methods used to carry out this inspection included speaking with two dentists, the dental nurse and the practice manager on the day of the inspection, reviewing documents, completed patient feedback forms and observations. We received feedback from 15 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 practice manager had a good understanding of the reporting procedures for incidents and accidents. The practice maintained an events register. The register recorded all accidents, incidents and significant events. There had been five reported incidents in the past 12 months, two of which had been categorised as significant events. We spoke with the staff 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]. We reviewed one significant event which had occurred in the past 12 months. We saw that the significant events were recorded and analysed. Learning was shared with staff.

There were systems in place to receive safety alerts by email. Alerts were received by email and went to the principal dentist. The principal dentist made staff aware of any relevant alerts that they needed to know about.

The practice manager demonstrated an awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. The practice reported that there were no serious incidents that required reporting over the past 12 months.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. They also had an action plan dealing the practical steps to be taken when dealing with safeguarding issues. The relevant safeguarding escalation flowcharts and diagrams for recording incidents were available to staff in a central file. Telephone numbers for the local safeguarding teams were available to staff at the reception desk.

We reviewed staff training records and saw that all staff had received safeguarding adults and child protection training to the correct level. Staff we spoke with demonstrated sufficient knowledge of safeguarding issues.

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

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice and these were stored securely. The emergency drugs were checked weekly and we saw the records to confirm this. The glucagon was out of date but the practice made arrangements to replace it immediately. Staff had access to suitable emergency equipment on the premises. There was an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [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]. Medical oxygen cylinder was also available.

All clinical staff had completed recent basic life support training. All staff were aware of where medical equipment was stored

Staff recruitment

There was a full complement of the staffing team. The team consists of four dentists (including three associate dentists), one dental nurse and a practice manager.



Are services safe?

The provider had a policy in place for the selection and employment of staff. We reviewed staff records and saw that appropriate checks had been carried out at their time of employment (including the associates) this included references, copies of interview records (where applicable) and evidence of past history. All staff had a Disclosure and Barring Services check carried out prior to being employed. (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

Monitoring health & safety and responding to risks

The practice had a health and safety policy and appropriate business continuity plan in place to deal with foreseeable emergencies.

The practice completed a general health and safety risk assessment annually. We reviewed the risk assessment completed on 5 May 2016. Actions identified included updating their RPA details and also updating sharps procedures. We saw that these actions had been completed.

There was a fire safety policy that covered maintenance of fire extinguishers, smoke alarms, and carbon monoxide monitors. An external company attended annually to service the fire equipment. Fire risk assessments were conducted annually. We reviewed the last risk assessment completed on 25 May 2015. The risk assessment was detailed and covered relevant areas. Fire drills were completed twice a year.

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. Areas covered included hand hygiene, waste management, surface cleaning and personal protective equipment. The principal dentist was the infection control lead. Decontamination policies and procedures were displayed in the decontamination rooms. As were inoculation protocols.

There was a separate decontamination room. The room had two sinks; one for handwashing and one for cleaning dental instruments. A separate bowl was used for rinsing. The dental nurse 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 manually cleaning; placing in a ultrasonic cleaner; 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. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

There was one autoclave. 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 autoclaves were drained every night.

The practice had blood spillage and mercury spillage kits. Clinical waste bins were assembled and labelled correctly. Clinical waste was stored appropriately at the back of the building until collection by an external company, every month. The surgeries were visibly clean and tidy. The nurse was responsible for cleaning all surfaces and the dental chair in-between patients and at the beginning and end of each session.

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 was available.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations

The practice had an external Legionella risk assessment carried out on in July 2015. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Recommendations had been made which the practice was working towards. Taps were flushed daily in line with recommendations and water temperatures were being monitored. Staff had completed legionella training.

The practice carried out infection control audits every six months. We reviewed the last audit conducted in January 2016. No actions had been identified.

Equipment and medicines



Are services safe?

There were appropriate arrangements in place to ensure the maintenance of some equipment. Service contracts were in place for the maintenance of equipment. The autoclave was serviced in May 2016. The pressure vessel certificate was in date.

The practice had portable appliances and carried out PAT (portable appliance testing) annually. Appliances were last tested in April 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).

All relevant staff had completed radiography training. We saw evidence of annual maintenance, critical assessment and HSE notification having been completed.. The equipment was last serviced in June 2016

The practice was carrying out annual auditing of X-rays. The last set of audits was completed on 6 January 2016.



Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists used current guidelines such as those from the National Institute for Health and Care Excellence (NICE) to assess each patient's risks. The dentist we spoke with gave good explanations of NICE guidelines such as re-call intervals and antibiotic prescribing.

Staff gave us example of how patients' needs were established and comprehensive assessments carried out. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), a social history recording habits such as eating and activity and an extra- and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. 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. Where X-rays were taken justification and grading was recorded.

Health promotion & prevention

We saw evidence that clinicians in the practice were proactive with giving patients health promotion and prevention advice. The practice had a range of tools to promote good oral health such as leaflets and items on display in the waiting room.

Dentists told us that they gave health promotion and prevention advice to patients during consultations. Dental care records we reviewed confirmed this. Oral health advice was documented. Clinical staff gave us explanations of the advice they gave to patients. This ranged from teeth brushing techniques and dietary advice.

Staffing

All clinical staff had current registration with their professional body, the General Dental Council. Staff were 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].

Working with other services

The practice had processes in place for effective working with other services. There were standard template forms for referrals. Referrals were made for procedures such as complex periodontal, and orthodontic. 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

Consent was usually obtained verbally and recorded in patients' dental care records. The practice used the standard NHS treatment plan and consent form to record consent. We reviewed patient dental care records and saw confirmation of this. Treatment plans were also completed appropriately.

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



Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 15 patients via Care Quality Commission comment. Patients stated they were treated with dignity and respect. This included staff addressing them politely and maintaining privacy during consultations by keeping doors closed. We observed staff speaking with patients politely.

During our inspection we observed staff being respectful by ensuring that when patients were receiving treatment the door to the treatment rooms was closed and conversations could not be overheard in the surgery.

Involvement in decisions about care and treatment

The patient feedback we received confirmed that patients felt involved in their treatment planning and received enough information about their treatment. Patients commented that things were explained well, often with the use of models and aids, and they were provided with treatment options.

Information relating to costs was always given and explained including details about the different NHS band charges. The practice also displayed costs in the waiting area.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. They maintained a daily sheet with all appointments and free slots and cancellations. Emergency appointments would be slotted into the free or cancelled slots. If there were none available then patients were asked to attend the surgery, and would be seen as soon as possible.

Where required information could be produced in other formats such as large print or different languages for patients who required it.

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 as well and staff spoke different languages which included Tamil. Patients were made aware of language line service through a poster in the reception area.

The practice was set out over one level and the entrance was step free. The building was wheelchair accessible however the patient toilets were not.

Access to the service

The practice opening times were advertised in the practice leaflet and in the practice window. The practice was open Tuesday to Friday from 9.00am to 5.00pm.

If a patient needed to see a dentist outside of normal opening times they were directed to contact the "111" out of hour's services. They were informed of the service via the recorded message on the practice answer machine and the practice also had a business card with the details.

Concerns & complaints

At the time of our visit there had been one complaint made in the past 12 months. We reviewed the complaint and saw they were handled in line with the organisations policy. Details of the complaint were recorded; the patient had received a letter explaining how they were investigating it a thorough explanation of the events and an apology.

There was a poster in the reception area and the dental surgeries advising patients on how they could make a complaint. Details about how to complain were also in the practice leaflet. This included the relevant contact for escalating to NHS England.



Are services well-led?

Our findings

Governance arrangements

The practice had a range of policies and procedures for the smooth running of the service which were available electronically. This included policies covering health and safety, recruitment and staff development.

Staff told us that audits completed over the past 12 months included audits on infection control, clinical records and waste management. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes.

Leadership, openness and transparency

Staff in the practice were clear about the lines of responsibilities. Staff had lead roles such as complaints, medical emergencies, infection control and radiation protection. Leadership was also clear with the principal dentist having a clear presence.

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

We saw example of how staff learnt from events. For example the events register had four events recorded over

the past 12 months. We saw that learning derived from the event was recorded on the form and shared with staff. Staff we spoke with confirmed that they had been informed of the learning from the event.

The staff team was very small so general staff meetings were held every six months. We reviewed the minutes of the meeting held in December 2015 and topics discussed included patients' survey and CPD updates. In addition to the general meetings the principal dentist held informal meetings with the dental nurse once a week. This meeting was to catch up on the weeks work and also identify any issues or learning that had been achieved.

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

The practice participated in the NHS Friends and Family Test (FFT). Results from the FFT were collected monthly and analysed to pick up any patient feedback. We saw the results of feedback completed for May 2016. All of the feedback was very positive with patients all stating they were either "extremely likely" or "likely" to recommend the service.

The practice also carried out patient surveys annually. Results from patients' surveys were positive. Patients were happy with the care and treatment they were given. Patients were aware of the complaints system. Patients highlighted that they would like more options available to see the dentists. The practice recognised this was difficult to influence because all the dentists worked part-time. However they told us that the dentists worked flexibly and where possible would try to accommodate patient's requests.