Dr Sunday Adewale Samuel

Dr Sunday Samuel Dental Surgery

Inspection Report

Courtyard Dental Practice
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Overall summary

Background

Sunday Samuel Dental Practice is a mixed dental practice providing private and NHS treatment for adults and children. The present owner had taken over the practice two years ago. The practice is situated in a converted commercial property. The practice had one dental treatment room with an area set aside for the cleaning, sterilising and packing dental instruments, a reception and separate waiting area on the ground floor.

The practice is open 08.30am to 5.00pm Monday to Friday. The practice is open on the occasional Saturday 9.00am-2.00pm. The practice has one dentist, the practice owner, and they are supported by one trainee dental nurse and a receptionist.

The practice owner is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. 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 92 patients. These provided a completely positive view of the services the practice provides. Patients commented on the high quality of care, the caring nature of all staff, the cleanliness of the practice and the overall high quality of customer care.

Our key findings were:

- The practice philosophy was to provide high quality patient centred care with an emphasis on the prevention of dental disease at all times
- The dentist and the trainee dental nurse had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared very clean and well maintained.
- Infection control procedures were robust and the practice followed published guidance.
- The dentist acted as the safeguarding lead with effective processes in place for safeguarding adults and children living in vulnerable circumstances.
- A system was in place to report incidents with practice meetings used as a vehicle for shared learning.
- The dentist provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines

Summary of findings

- 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 well organised and complete.
- Staff had received training appropriate to their roles and were supported in their continued professional development (CPD).
- Staff we spoke to felt well supported by the practice owner and were committed to providing a quality service to their patients.
- Information from 92 completed Care Quality Commission (CQC) comment cards gave us a completely positive picture of a friendly, caring, professional and high quality service.
- The practice received two complaints throughout 2015 and all complaints had been dealt with effectively according to the practice complaints procedure.

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 robust arrangements for essential areas such as infection control, clinical waste control, management of medical emergencies at the practice and dental radiography (X-rays). We found that all the equipment used in the dental practice was well maintained. The practice took their responsibilities for patient safety seriously and staff were aware of the importance of identifying, investigating and learning from patient safety incidents. All of the staff currently working had received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

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

The dental care provided was evidence based and focussed on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. The staff received professional training and development appropriate to their roles and learning needs. Staff where appropriate were registered with the General Dental Council (GDC) and were meeting the requirements of their professional registration.

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

We collected 92 completed Care Quality Commission patient comment cards. These provided a completely positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented on friendliness and helpfulness of the staff and dentists were good at explaining the treatment that was proposed and were treated with dignity and respect at all times.

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 those these into account in how the practice was run. Patients could access treatment and urgent and emergency care when required. The practice provided patients with written information in language they could understand and had access to telephone interpreter services when required. The practice had ground floor treatment facilities and level access into the building for patients with mobility difficulties and families with prams and pushchairs.

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

The dentist and other staff had an open approach to their work and shared a commitment to continually improving the service they provided. The practice had clinical governance and risk management structures in place. Staff we spoke with felt well supported and could raise any concerns with the practice owner. The supporting staff we met said that they were happy in their work and the practice was a good place to work.

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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 took place on 26 January 2016 was led by a dentally qualified CQC inspector who had access to a dental specialist advisor. 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.

We informed NHS England area team that we were inspecting the practice; however, we did not receive any information of concern from them.

During the inspection, we spoke with the practice manager, dentists, lead dental nurse, reception staff and reviewed policies, procedures and other documents. We reviewed comment cards that we had left prior to the inspection, for patients to complete, about the services provided at the practice.

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 dentist and dental nurse we spoke with described a good awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an adverse incident reporting policy and standard reporting forms for staff to complete when something went wrong. The policy contained clear information to support staff to understand the wide range of topics that could be considered an adverse incident. The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) via email.

Reliable safety systems and processes (including safeguarding)

We spoke to the dental nurse about the prevention of needle stick injuries. They explained that the treatment of sharps and sharps waste was in accordance with the current EU directive with respect to safe sharp guidelines, thus protecting staff against blood borne viruses. The practice used a system whereby needles were not manually resheathed using the hands following administration of a local anaesthetic to a patient. The practice used a variety of methods for preventing sharps injuries including a single use delivery system, rubber needle guards and a computerised local anaesthetic delivery system. The dental nurse was also able to explain the practice protocol in detail 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 dental nurse explained that there had been no needle stick injuries during her time of employment at the practice which was two years.

The dentist explained that root canal treatment was carried out where practically possible using a rubber dam. (A rubber dam is a thin sheet of rubber used by dentists to isolate the tooth being treated and to protect patients from inhaling or swallowing debris or small instruments used during root canal work). Patients can be assured that the practice followed appropriate guidance issued by the British Endodontic Society in relation to the use of the rubber dam.

The dentist acted as the practice safeguarding lead and were the point of referral should members of staff encounter a child or adult safeguarding issue. A policy was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Training records showed that all staff had received appropriate safeguarding training for both vulnerable adults and children. Information was displayed in the staff room that contained telephone numbers of whom to contact outside of the practice if there was a need, such as the local authority responsible for investigations. The practice reported that there had been no safeguarding incidents that required further investigation by appropriate authorities.

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 were all in date and stored in central locations known to all staff. The expiry dates of medicines and equipment were monitored using a monthly check sheet that enabled staff to replace out of date medicines and equipment promptly. All of the staff had received update training in 2015.

Staff recruitment

The dentist 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.For example, proof of identity, a full employment history, evidence of relevant qualifications, immunisation status and references. We looked at examples of staff recruitment records of past and present members of staff. The records confirmed that the individuals had been recruited in accordance with the practice's recruitment policy. The systems and processes we saw were in line with the information required by Regulation 18, Schedule 3 of Health & Social Care Act 2008 (Regulated Activities)

Are services safe?

Regulations 2015. Staff recruitment records were stored securely to protect the confidentiality of staff personal information. We saw that all staff had received a criminal records checkthrough the Disclosure and Baring Service (DBS).

Monitoring health & safety and responding to risks

The practice had arrangements in place to monitor health and safety and deal with foreseeable emergencies. The practice carried out a number of risk assessments including a well-maintained Control of Substances Hazardous to Health (COSHH) file. Other assessments included radiation, fire safety, health, safety, and water quality risk assessments. The practice had a detailed disaster plan to deal with any emergencies that may occur which could disrupt the safe and smooth running of the service.

Infection control

There were effective systems in place to reduce the risk and spread of infection within the practice. It was demonstrated through direct observation of the cleaning process and a review of practice protocols that HTM 01 05 (national guidance for infection prevention control in dental practices') Essential Quality Requirements for infection control were being met. We saw that an audit of infection control processes was carried out in December 2015 which confirmed compliance with HTM 01 05 guidelines.

It was noted that the dental treatment room, waiting areas, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in the treatment room. Hand washing facilities were available including liquid soap and paper towel dispensers in the treatment room and toilet. Hand washing protocols were also displayed appropriately in various areas of the practice and bare below the elbow working was observed.

The drawers of treatment rooms were inspected and these were clean, well ordered and free from clutter. Appropriate single use items including suction and three in one tips were evident. The treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors.

The dental nurse described the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. This included the treatment of the dental water lines.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. A Legionella risk assessment had been carried out at the practice by a competent person in July 2015. The recommended procedures contained in the report were carried out and logged appropriately. This included regular testing of the water temperatures of various taps in the building. These measures ensured that patients' and staff were protected from the risk of infection due to Legionella.

The practice used a separate area within the treatment room for instrument processing. This area appeared very well organised, was very clean, tidy, and clutter free. The dental nurse demonstrated the process from taking the dirty instruments through to clean and ready for use again. The process of cleaning, inspection, sterilisation, packaging and storage of instruments followed a well-defined system of zoning from dirty through to clean.

The practice used a system of manual scrubbing and an ultrasonic cleaning bath for the initial cleaning process, following inspection with an illuminated magnifier, they were placed in a vacuum autoclave (a device used to sterilise medical and dental instruments). When instruments had been sterilized, they were pouched until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclave used in the decontamination process was working effectively. We saw that the data sheets used to record the essential daily and weekly validation checks of the sterilisation cycles and steam penetration tests were complete and up to date. The ultrasonic cleaning bath was also maintained according to current guidelines and the essential validation checks were also carried out and recorded appropriately.

The segregation and storage of clinical waste was in line with current guidelines laid down by the Department of Health. We observed that sharps containers, clinical waste bags and municipal waste were properly maintained and was in accordance with current guidelines. The practice used an appropriate contractor to remove clinical waste

Are services safe?

from the practice. This was stored in a separate locked location adjacent to the practice prior to collection by the waste contractor. Waste consignment notices were available for inspection. Patients' could be assured that they were protected from the risk of infection from contaminated dental waste.

Equipment and medicines

Equipment checks were regularly carried out in line with the manufacturer's recommendations. For example, the autoclave had been serviced and calibrated in June 2015. The practice X-ray machine had been serviced and calibrated in October 2015. Electrical testing had been carried out in July 2015.The batch numbers and expiry dates for local anaesthetics were recorded in patient dental care records. These medicines were stored securely for the protection of patients. We found that the practice stored prescription pads in a lockable metal cabinet in the treatment room to prevent loss due to theft. We observed that the practice had equipment to deal with minor first aid problems such as minor eye problems and body fluid and mercury spillage.

Radiography (X-rays)

The dentist maintained the radiation protection file as an on line version organised by the Radiation Protection Adviser. The file was in line with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER).This file contained the names of the Radiation Protection Advisor and the Radiation Protection Supervisor and the necessary documentation pertaining to the maintenance of the X-ray equipment. Included in the file were the critical examination pack along with the three yearly maintenance log, Health and Safety Executive notification and a copy of the local rules. We saw radiological audits carried out in April and June 2015. These demonstrated that the dentist was maintaining good standards of practise. Dental care records we saw where X-rays had been taken showed that dental X-rays were justified, reported on and quality assured. Our findings showed that the practice was acting in accordance with national radiological guidelines and patients and staff were protected from unnecessary exposure to radiation. We saw training records that showed staff where appropriate had received training for core radiological knowledge under IRMER 2000 and was within the five year time interval for this core knowledge.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentist 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. The assessment began with the patient completing a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. We saw evidence that the medical history was updated at subsequent visits. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of mouth cancer. Patients were then made aware of the condition of their oral health and whether it had changed since the last appointment. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail.

Where relevant, preventative dental information was given in order to improve the outcome for the patient. This included dietary advice and general dental hygiene procedures such as tooth brushing techniques or recommended tooth care products. The patient dental care record was updated with the proposed treatment after discussing options with the patient. A treatment plan was then given to each patient and this included the cost involved. Patients were monitored through follow-up appointments and these were scheduled in line with their individual requirements.

Dental care records we saw showed 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 is a simple and rapid screening tool that is 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

The waiting areas at the practice contained literature in leaflet form that explained the services offered at the practice. This included information about effective dental hygiene and how to reduce the risk of poor dental health. The practice had a range of products patients could purchase which were suitable for both adults and children.

Adults and children attending the practice were advised during their consultation of steps to take to maintain healthy teeth. The dentist explained tooth brushing and interdental cleaning techniques to patients in a way they understood and dietary, smoking and alcohol advice was given to them. Dental care records we saw all demonstrated dentists had given tooth brushing instructions and dietary advice to patients. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that the dentist had given oral health advice to patients.

Staffing

The practice was staffed by a single-handed dentist who was supported by a trainee dental nurse of two years standing. This dental nurse was due to take their national dental nursing examination in April 2016.The trainee dental nurse told us they were able to access on line course materials and the opportunity to receive support and supervision by the training provider at the practice when necessary. This was in addition to the support provided by the dentist on an ongoing basis. Practice administration was supported by a full time receptionist. Many of the comment cards stated that patients had confidence and trust in the dentist. We observed a friendly atmosphere at the practice. Staff we spoke with told us they felt supported by the dentist and the trainee dental nurse felt they had acquired the necessary skills to carry out their role and were encouraged to progress.

Working with other services

The dentist was able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The dentist used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and orthodontics. We saw a range of referrals that the practice had made during 2014-2015, we saw that the referrals made were appropriate for the patient's needs, ensuring that patients were seen by the right person at the right time

Consent to care and treatment

We asked the dentist how they implemented the principles of informed consent; all of the dentists had a very clear understanding of consent issues. They explained how individual treatment options, risks, benefits and costs were

Are services effective?

(for example, treatment is effective)

discussed with each patient and then documented in a written treatment plan. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. To assist in the consent process, the dentist used a special camera to take photographs of the teeth prior, during and at the end of dental treatment. This included the condition of teeth requiring treatment, the appearance of the gums and of the soft tissues. These provided a means of patient education as well as preventing medico-legal problems in cases where patients could dispute the dentist's findings and treatment outcomes.

The dentist explained how they would obtain consent from a patient who suffered with any mental impairment that may mean that they might be unable to fully understand the implications of their treatment. If there was any doubt about their ability to understand or consent to the treatment, then treatment would be postponed. They went on to say they would involve relatives and carers if appropriate to ensure that the best interests of the patient were served as part of the process. This followed the guidelines of the Mental Capacity Act 2005. They were familiar with the concept of Gillick competence in respect of the care and treatment of children under 16. Gillick competence principles help clinicians to identify children aged under 16 who have the legal capacity to consent to examination and treatment.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The treatment room was situated off the waiting area. We saw that door was closed at all times when patients were with the dentist. Conversations between patient and dentist could not be heard from outside the treatment room that protected patient's privacy. Some patients had specifically noted on the comment cards how the dentist and other staff respected their privacy at all times. Patients' clinical records were stored electronically and in paper form. Computers were password protected and regularly backed up to secure storage with paper records stored in lockable records cabinet. Practice computer screens were not overlooked which ensured patients' confidential information could not be viewed at reception. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality. On the day of our visit we witnessed patients being treated with dignity and respect by the reception staff when making appointments or dealing with other administrative enquiries.

Before the inspection, we sent Care Quality Commission (CQC) comment cards to the practice for patients to use to tell us about their experience of the practice. We collected 92 completed CQC patient comment cards on the day of our visit. These provided a completely positive view of the service the practice provided. All of the patients commented that the quality of care was very good. Patients commented that treatment was explained clearly and the staff were caring and put them at ease. They also said that the reception staff were always helpful and efficient. During the inspection, we observed staff in the reception area. We observed that they were polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

Involvement in decisions about care and treatment

The practice provided clear treatment plans to their patients that detailed possible treatment options and indicative costs. A poster detailing NHS and private treatment costs was displayed in the waiting area. The dentist we spoke with paid particular attention to patient involvement when drawing up individual care plans. We saw evidence in the records we looked at that the dentist recorded the information they had provided to patients about their treatment and the options open to them. This included information recorded on the standard NHS treatment planning forms for dentistry where applicable.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

During our inspection we looked at examples of information available to people. We saw that the practice waiting area displayed a variety of information including the practice patient information leaflet. This explained opening hours, emergency 'out of hours' contact details and arrangements and how to make a complaint. The practice web site also contained useful information to patients such as how to book appointments on-line and how to provide feedback on the services provided. There was also information on how to maintain healthy teeth and gums. This ensured that patients had access to appropriate information in relation to their care. We looked at the appointment schedules for patients and found that patients were given appropriate time slots for appointments of varying complexity of treatment. We observed that the appointment diaries were not overbooked and that this provided capacity each day for patients with dental pain to be fitted into specifically allocated urgent appointment slots.

Tackling inequity and promoting equality

The practice had made reasonable adjustments to prevent inequity for disadvantaged groups in society. The practice used a translation service, which they arranged if it was clear that a patient had difficulty in understanding information about their treatment. The dentist explained they would also help patients on an individual basis if they were partially sighted or hard of hearing to complete NHS and other forms. There was level access into the building and one ground floor treatment room enabling patients with physical impairments to access care easily.

Access to the service

The practice is open from 8.30am to 5.00pm Monday to Friday. The practice is also open on the occasional Saturday 9.00am -2.00pm. The practice provided an on call system to give advice in case of a dental emergency when the practice was closed. A telephone number was available and publicised in the practice information leaflet, practice website and on the telephone answering machine when the practice was closed.

Concerns & complaints

The practice had a complaints policy in place and was publicised in a prominent place in the reception area. In 2015 there were just two complaints, records we saw showed that the complaints were dealt with according to the practice policy. The low level of complaints reflected the caring and compassionate ethos of the whole practice. We saw that the practice adopted a very proactive response to any patient concern or complaint. The practice endeavoured to speak to the patient by telephone or invited them into the practice to a face-to-face meeting in an attempt to resolve the complaint or concern as soon as was practically possible. Patients received an immediate apology when things had not gone well.

Are services well-led?

Our findings

Governance arrangements

The practice owner was responsible for the day-to-day running of the practice. We saw that the practice had in place a system of policies, procedures and risk assessments covering all aspects of clinical governance in dental practice. For example, infection control, health and safety and radiation and were regularly review by the practice owner. Staff were aware of where these policies were held and we saw that they were readily accessible.

Leadership, openness and transparency

The practice ethos was to provide high quality patient centred care at all times. We found staff to be hard working, caring towards the patients and committed and to the work, they did. Staff we spoke with demonstrated a firm understanding of the principles of clinical governance in dentistry were happy with the facilities and felt well supported by the practice owner. Staff reported that they were proactive and resolved problems very quickly. As a result, staff were motivated and enjoyed working at the practice and were proud of the service they provided to patients.

Learning and improvement

We saw evidence of systems to identify staff learning needs which were underpinned by an appraisal system and a programme of clinical audit. For example, we observed that the trainee dental nurse received an annual appraisal by the practice owner. The appraisal document was completed in full and appeared to be an effective way of determining the trainee's learning and development needs. We also saw that the dentist had undergone an appraisal with the local office of Health Education England, from this appraisal a personal development plan had been developed in conjuction with the dentist. To facilitate learning and improvement in the practice we saw that a number of regular clinical audit topics were undertaken by the practice during 2015, this included audits of the quality of dental X-ray's, infection control processes and procedures and hand hygiene.

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

The practice used the NHS Friends and Family test and patient questionnaires as a way of capturing patient feedback. Results of the Family and Friends Test for the previous five months indicated that 100% were happy with the quality of care provided by the practice and would recommend the service to family and friends. These results were displayed in the waiting area for patient information purposes. The trainee dental nurse explained to us that because of patient feedback the practice had installed an aquarium in the waiting area to aid patient relaxation prior to dental treatment. Another patient had asked if the practice could provide earphones to help exclude the noise of the dental drill during treatment, which they did. Staff we spoke with said they felt listened to, this confirmed the open door policy of the practice as described by the practice owner. The receptionist, who had only recently started at the practice, explained that the practice owner had taken on board their suggestions about the layout of the reception and waiting area.