

P H Dental (Dr P Pakzad Dr E Harunani)

# PH Dental Care

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 2 July 2015 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

PH Dental is a NHS dental practice located in the London Borough of Southwark. The patient population is mixed, serving patients' from a wide range of social and ethnic backgrounds. The practice opens Monday to Fridays from

8.30am to 7.00pm and Saturdays from 10.00am to 12.00pm. The practice facilities include four surgeries, a decontamination room, disabled access toilet facilities and a separate reception area and patient waiting room. At the time of our inspection there were four dentists, four dental nurses, one trainee dental nurse, an area practice manager, a practice manager and reception staff.

We received 29 completed comment card and spoke with three patients during our inspection. The feedback we received was very positive about the service. Staff were described as efficient and friendly and patients generally thought the facilities were good.

The principal dentist 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.

#### **Our key findings were:**

- There were effective processes in place to ensure patients were safeguarded from the risks of abuse
- The practice had processes in place to reduce and minimise the risk of infection

# Summary of findings

- Patients' needs were assessed and treatment was planned and delivered in line with best practice guidance
- Patients felt involved in making decisions about their treatment and received enough information to make informed decisions
- Clinical staff were up to date with their continuing professional development and opportunities were available for all staff to develop
- The practice had appropriate equipment and medication available to respond effectively to a medical emergency

Appropriate governance arrangements were in place to facilitate the smooth running of the service.

# 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 provider had systems in place to ensure people were safeguarded from abuse. Systems were in place for the provider to receive safety alerts from external organisations. Processes were in place for staff to learn from incidents and accidents, lessons learnt were discussed at meetings and shared amongst staff. The practice had carried out numerous risk assessments and there were processes to ensure equipment and materials were well maintained and safe to use. Medicines and equipment were available in the event of an emergency.

### **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, such as from the National Institute for Health and Care Excellence and The Department of Health (DoH). Patients were given relevant information to assist them in making informed decisions about their treatment. Referrals were made and followed up appropriately.

Information was available to patients relating to health promotion including smoking cessation and maintaining good oral health. All clinical members of the dental team were meeting their requirements for continuing professional development.

### **Are services caring?**

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

Feedback from patients indicated that staff were professional, caring and treated patients with dignity. We received 29 completed Care Quality Commission (CQC) comment cards and spoke with three patients. The patients we spoke with were complimentary about staff describing them as professional and caring stating that they took time to explain treatment to them so they could make informed decisions.

### **Are services responsive to people's needs?**

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

Patients had access to the service which included a late opening and Saturday appointments. Information was available via the NHS choices website and a practice information pack was provided to patients. Urgent on the day appointment slots were available during opening hours. In any event patients were given details of the NHS '111' out of hours' service.

There were systems in place for patients to make a complaint about the service if required. Information about how to make a complaint was readily available to patients.

### **Are services well-led?**

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

Governance arrangements existed and there were policies and procedure for staff to refer to for the effective and smooth running of the practice. This included selection and recruitment policies, health and safety and infection

# Summary of findings

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control policies. Practice meetings were held monthly and staff were updated more often if required. Management lead with openness to create a culture of transparency in the organisation. Management structures were clearly defined and staff knew who to go to in the event of needing to see assistance from management. Staff had access to training and development opportunities and told us they felt supported and that leadership was good.

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# PH Dental Care

## Detailed findings

### Background to this inspection

The inspection took place on the 2 July 2015 and was undertaken by a CQC inspector and a dental specialist adviser.

We reviewed information received from the provider prior to the inspection. We also informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

The methods used to carry out this inspection included speaking with the dentist, dental nurse and reception staff on the day of the inspection, reviewing 29 CQC comment

cards, speaking with patients and reviewing documents and making observations. Patients we spoke with, and those who completed comment cards, were positive about the care they received from 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

There were processes in place for safety alerts to be received and shared with staff in the practice. Safety alerts were usually received by email but sometimes by post and then shared with staff as and when appropriate. This included updates from the NHS England as well as alerts from drug suppliers.

Staff we spoke with demonstrated an awareness of the reporting procedures for the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice had not had any RIDDOR incidents, however they had all the appropriate paperwork available in the event of one occurring.

Staff were also aware of their responsibility to raise and record any concerns they had in relation to incidents or near misses that occurred in the practice.

The practice had an incident and significant events monitoring log. No reportable incidents had occurred in the past 12 months.

The principal dentist and practice manager told us they held learning from incidents as a crucial part of the analysis of incidents. Both gave explanations of how they respond to and investigate such incidents. Both accounts were in line with the duty of candour expectations. This included explaining how they would feedback to patients if they were affected by something and also given a full explanation including an apology.

### Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead. There was a safeguarding policy that covered both adults and children. The policy had the details of the local authority contacts for safeguarding, picture chart for recording and template letters to send to health visitors if they had any concerns. They also had a safeguarding flowchart to assist staff in escalating concerns in the correct way.

All staff in the practice had completed adult safeguarding and child protection training in January 2015. This training was repeated on an annual basis. Staff we spoke with

demonstrated that they understood and could identify signs of potential abuse situations. Some staff gave us examples of what they would look for which demonstrated this.

The practice was 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].

Medical histories were taken and included details of current medication, known allergies and existing medical conditions. We reviewed dental care records and saw that medical histories had been updated appropriately.

### Medical emergencies

The provider had appropriate arrangements to deal with medical emergencies. There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Medicines were stored appropriately, and all within their expiry date. The dental nurse was responsible for checking medicines. Staff also had access to emergency equipment on the premises including an automated external defibrillator (AED) in line with Resuscitation Council Guidance 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]. Oxygen was available with all the correct masks and tubing.

All staff had completed recent medical emergencies training in January 2015. Training was repeated annually. There were signs displaying where medical emergency equipment was kept and all staff were aware of the location and told us they knew how to use the AED and oxygen.

### Staff recruitment

The staff team consisted of four dentists, three dental nurses, two trainee dental nurses and administration staff including a practice manager.

The practice had a selection and recruitment policy that outlined how staff were recruited and the pre-employment checks that were carried out before someone could commence work in the practice. We reviewed staff files and saw that appropriate pre-employment checks were carried

# Are services safe?

out before staff commenced work. This included checking identity, obtaining references, registration evidence (if clinical staff), obtaining details of previous work history and completing a disclosure and barring services (DBS) check. All staff working in the practice had a DBS check on their staff file.

All staff had the required registration with the General Dental Council (GDC) to carry out their duties. The majority of the staff team had been qualified for a while and were experienced members of the team.

## **Monitoring health & safety and responding to risks**

The practice had arrangements in place to deal with foreseeable emergencies. The business continuity plan covered a range of situations including what to do in the event of a total loss of IT system, disaster recovery and staff shortages. The manager explained one emergency incident relating to a flooding in August 2014. They explained all the action they had to take which included contacting an electrician to attend after the flood to carry out portable appliance testing (PAT) to ensure electrical equipment was still safe to use. Patients who had appointments were contacted and advised of the situation.

The practice had a health and safety policy that covered all safety aspects. Risk assessments were in place to further ensure health and safety risks were minimised. We reviewed the fire risk assessment which had been carried out by an external company in June 2015. All relevant risks associated with fire were assessed and no areas of action were identified. The external risk assessment was conducted on an annual basis. The practice also carried out periodical risk assessment in-between the external visit.

## **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. Part of the policy included staff getting an induction handbook covering infection control which they had to sign to confirm they had read it.

Staff were following the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance from the Department of Health, and there was a copy in the decontamination room for quick reference. One of the nurses was the infection control lead.

There was a decontamination room and the dirty to clean flow was clearly displayed to minimise the risks of cross contamination. There was two sinks for washing and rinsing and an additional sink for hand washing. One of the dental nurses gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery; washing manually in a sink; inspecting under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); placing in the ultrasonic cleaner then placing in the autoclave; pouching and date stamping, so expiry was clear. We saw that correct personal protective equipment was worn during the decontamination process and appropriate levels of stock were maintained.

We reviewed the records of the daily, weekly and monthly checks carried out to sterilising equipment (autoclave).to ensure it was working effectively. The checks and tests were in line with guidance recommendations and included annually servicing.

We saw confirmation that all staff were immunised against blood borne viruses. The practice had blood spillage and mercury spillage kits. The segregation and storage of dental waste was in line with guidance. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and collected every two weeks. We saw the consignment notes to verify this.

The practice used single unit syringes and needles in compliance with current regulations. Containers were correctly assembled and labelled and were not over full. Staff told us that containers were changed every three months routinely even if they were not full. Staff we spoke with understood the practice's sharps injury policy and were able to explain that they would do in the event of a sharps injury.

The surgery was visibly clean and tidy. Paper hand towels and hand gel was available and clinical waste bins were foot controlled. The dental nurses cleaned 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 and wiping down all surfaces and the dental chair in-between patients.

## Are services safe?

A Legionella risk assessment had been carried out in June 2015 and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The dental lines were maintained and cleaned weekly with a purifying agent. Taps were flushed daily in line with recommendations.

An Infection Prevention Society (IPS) infection control audit had been carried out in May 2015 and the practice also carried out routine infection control audits.

### **Equipment and medicines**

The practice had appropriate maintenance and service contracts in place for equipment. Equipment used included x-rays, autoclave, suction compressor, ultra-sonic

cleaner and dental chairs. All equipment had been serviced and were in appropriate working order. Appropriate servicing had also been carried out to the pressure vessel and certificates were available to confirm this.

### **Radiography (X-rays)**

One of the staff was the radiation protection supervisor and there was an appointed external radiation protection adviser. All staff had completed the required Ionising Radiation (Medical Exposure) Regulation 2000 (IRMER) training for their continuing professional development cycle.

The practice carried out bi-annual radiograph audits. The last audit was completed on the 25 June 2015. All dentists were also carrying out individual radiography audits.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) guidance and Delivering better oral health toolkit. '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.

We reviewed dental care records and saw evidence of comprehensive assessments and treatment plans that were individualised for patients. The assessment included an up to date medical history outlining medical conditions and allergies. Records indicated when medical histories were updated or if there were no changes. An explanation of the presenting problem was documented if it was not a routine check-up. The clinical assessment was also documented outlining what had been discussed with the patient including outlining the options available to them and the benefits and consequences of treatment. Information about costs were relayed to patients. The dentists told us that they always gave patients copies of their treatment plan so they had something to refer to and to help them better understand their treatment.

### Health promotion & prevention

The practice were proactive in giving patients oral health and prevention information. Oral health information was given to patients during consultations and an extensive range of leaflets and samples of toothpaste, were available to patients. Posters relating to oral health promotion were displayed in surgeries and the reception area. Patients we spoke with confirmed that they were given advice about maintaining better oral health and brushing techniques. Patients were also given appropriate advice and information relating to smoking cessation including smoking cessation toolkits.

### Staffing

All the clinical staff had current registration with their professional body, the General Dental Council and were all also up to date with their continuing professional

development (CPD) requirements. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 every five years].

Development opportunities existed for all staff. There was a comprehensive training matrix that detailed all mandatory training staff had to complete annually and also training that had been identified by staff through their appraisal or supervision process. The practice held two continuing professional development days every year for all staff. If they identified that someone had not completed a particular course they ensured it was added to one of these days so it was not outstanding.

### Working with other services

The practice worked with a range of other professionals to ensure that patient' needs were met. This included referring patients to orthodontists, specialists and the local hospitals. The dentist explained that there were processes in place to ensure that referrals made were comprehensive. This included a referral letter that provided details of the patients issue and reason for referral, medical history, social history and personal contact details. We saw that the practice had clear guidelines for referring patients.

We reviewed paperwork for a referral made for sedation treatment. We saw that all relevant information was passed on and the dentist had been updated on the progress of the treatment.

### Consent to care and treatment

Consent was obtained verbally from patients and documented in their clinical notes. Written consent was obtained for some more complex procedures.

Staff we spoke with understood their responsibilities under the Mental Capacity Act (MCA) 2005 and were able to explain it as it related to their role. They gave clear definitions of best interest meetings, knowing that if capacity issues existed they could hold a best interest meeting to decide about treatment. All staff in the practice had completed MCA training in January 2015. 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 themselves.

# Are services effective?

(for example, treatment is effective)

Children who visited the practice had to be accompanied by their parent or an appropriate adult who had the authority to act in this capacity.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We received 29 completed CQC comment cards and spoke with three patients on the day of the inspection. Feedback was generally positive and patients were complimentary about the staffing team describing them as professional and caring. Patients we spoke with told us that they always felt respected and had never had any issues with privacy.

We observed interaction of patients and reception staff in the waiting room and saw that staff interacted well with patient speaking to them in a caring and helpful manner. We observed that consultations were in private and dentists closed the door when they had a patient in the consultation room.

Patients' information was held securely electronically and on paper. Paper records were stored securely and computers were password protected with individual staff logins to ensure they could not be accessed by unauthorised persons.

### **Involvement in decisions about care and treatment**

Patients we spoke with described how staff involved them in decisions about their treatment. They all confirmed that treatment was explained to them and they were given options to make informed decisions.

We reviewed medical records and saw that staff were documenting appropriately when they discussed treatment options with patients and involved them in their care and treatment. All the files we reviewed confirmed that staff were doing this routinely.

# 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 with opening times that met the needs of patients. This included Saturday opening and evening appointments till 7pm every week day. Urgent and non-routine appointments were fitted in to the normal appointment schedule. If patients required an urgent appointment they were asked to attend the practice. Staff told us patients were always seen on the day they presented with the problem if they wanted to be seen.

Staff told us that they tried to schedule appointments to meet the needs of patients. This included offering patients who worked appointment before or after they started work and scheduling appointments for children outside of school times.

### Tackling inequity and promoting equality

The patient population was very mixed but mainly patients from English, European, Caribbean and African backgrounds. The majority of patients spoke English fluently so there was not a high demand for interpreters. However the staff team were multi lingual and spoke a variety of languages including Farisi, Swedish, Hindu and Arabic. In the event of a patient speaking another language staff had access to language line. Details of the availability of interpreters were promoted to patients by staff if they felt they required one.

The practice was set out on two levels and access to the building was step free. There were four consulting rooms, three upstairs and one downstairs. Patients with mobility issues were always seen in the downstairs surgery.

At the time of our visit there were no male clinical staff working in the practice. The manager explained that they had procedures in place to refer patients to another dentist if anyone wanted a male member of staff to see them.

### Access to the service

The practice opening times were displayed on NHS choices website, in the practice leaflet and on the door of the surgery. If a patient required an emergency appointment during opening times this was accommodated. If they needed treatment out of hours they were referred to the NHS 111 out of hours' service. Details of the 111 service were displayed on the practice door and there was also a message on the practice answering machine.

Information about the practice was available to all patients via leaflets in the patient waiting room. All new patients were given an information pack which also contained information about how to access the service and relevant contact details and how to make emergency appointments. The practice also had a website with contact details and information about the dental services offered.

### Concerns & complaints

There was a complaints policy and procedure in place to ensure all complaints were investigated appropriately and resolved. There was a poster in reception making patients aware of how they could complain. There were also details in the patient information pack.

At the time of our visit the practice had received five complaints in the past 12 months. We reviewed all the complaints on the log and saw that they had been handled appropriately. Details of the complaint were documented and analysis of the complaint along with the action taken had been documented. Investigation of the complaints included talking to the staff involved, updating all staff for learning purposes, feeding back to the patient and giving an apology when necessary.

# Are services well-led?

## Our findings

### **Governance arrangements**

There were a range of policies and procedures to ensure effective governance arrangements were in place. This included anti bullying and harassment, accident reporting, maternity leave and sharps and risk management. Policies were available to staff electronically on the computers.

All staff we spoke with were clear about their roles and responsibilities and who to go to in the organisation for guidance and information.

The practice had a programme in place for auditing the service for continuous improvements. Completed audits included record keeping, intraoral radiograph, emergency procedures audit, domestic cleaning audit and patient feedback audit. We reviewed the record keeping audit of 20 patient records, assessed against 15 standards. 98% of the standards had been met and actions had been set for the areas that had fallen short. We saw that audits were used as an effective tool to ensure the quality of the service was monitored.

### **Leadership, openness and transparency**

The practice had a mission statement which was to be an industry leader providing outstanding personal attention, education and care; one patient; one family; one neighbourhood at a time. All the staff were aware of the mission statement and it was displayed prominently in the patient waiting room.

There was a clear culture of openness and transparency within the practice. The manager told us that they valued the staff and patients and therefore being open and transparent was important. As a result of this the practice beliefs and values, code of conduct were displayed in the patient waiting room. They also displayed the staff structure chart and all clinical staff registration certificates so patients knew who staff were and that they were qualified to work in the practice. Training certificates were also displayed so patients knew staff were up to date with training. Patients and staff we spoke with confirmed that they felt the leadership was transparent and involved them in issues related to the practice.

Staff spoke very positively about the leadership of the practice. They were proud to work in the practice and felt

supported. We observed that there was an open culture with the principal dentist and practice manager taking ownership and responsibility for the smooth running of the practice.

### **Management lead through learning and improvement**

Incidents were used as a tool for learning and development in the practice. We saw that incidents, near misses and complaints were part of the learning process. They were discussed during team meetings and appropriate analysis was carried out when things went wrong, for example when a complaint was made.

Appraisals were carried out annually, most having been completed in January 2015 for this year. Training and development needs were identified through appraisals and any identified training needs had actions set for them to be achieved over the coming year.

Practice meetings were held regularly, at least once a month. We reviewed the notes of the meetings held from April to June 2015. Topics covered included infection control updates, updating personal development plans, updating of practice policies and audits. Staff confirmed that they found the staff meetings useful for updates.

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

Feedback from patients was gathered through an on-going patient survey and the NHS friends and family test. Patient surveys were collected and analysed on a monthly basis. We reviewed the results of the surveys collected in May and June 2015. Results were generally positive with 75% of patients stating it was easy to make an appointment and 65% said they were seen on time. There were some areas where improvements could have been made and actions were set to tackle this. There was also a section on the feedback for patients to comment generally about improvements they would like to see in the practice. Comments and ideas had been considered and implemented by the provider.

Staff told us that they were given opportunities during team meetings to give feedback on the service and share ideas for development. All the staff we spoke with felt confident to be able to do this.