

Dr R Siddique & Dr I Khaliq Northumberland Heath
Dental Practice

Northumberland Heath Dental Practice

Inspection Report

184-186 Bexley Road
Northumberland Health Dental Practice
Erith
DA8 3HF
Tel: 01322 336 401

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Overall summary

We carried out this announced inspection on 31 May 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

We told the NHS England area team that we were inspecting the practice. They provided information which we took into account.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Summary of findings

Northumberland Heath Dental Practice is in Erith in the London borough of Bexley. The practice provides NHS and private treatment to patients of all ages.

There is level access via an entrance at the rear of the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available in the immediate vicinity of the practice.

The dental team includes ten dentists (one of whom is a specialist prosthodontist), a practice manager, four qualified dental nurses, a trainee dental nurse, two dental hygienists, two receptionists and an administrator.

The practice has four treatment rooms.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers 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 registered manager at Northumberland Health Dental Practice was one of the principal dentists.

On the day of inspection, we obtained feedback from 36 patients.

During the inspection we spoke with the practice manager, the principal dentists, two dental nurses, the trainee dental nurse and a receptionist. We checked practice policies and procedures and other records about how the service is managed.

The practice is open from 8.30am to 1pm, and from 2pm to 6pm Monday to Friday. They are open from 9am to 2pm on Saturdays.

Our key findings were:

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

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

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

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

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

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

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

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as being of a high standard. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

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

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

No action



Are services caring?

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

We received feedback about the practice from 36 people. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, polite and friendly. They said they were given clear and informative explanations about their dental treatment, and said their dentist listened to them.

Patients with children commented that staff made them feel at ease, and they were happy with the care their children had received.

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

No action



Are services responsive to people's needs?

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

No action



Summary of findings

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

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. Staff spoke a variety of languages. The practice had access to interpreter services and had arrangements to help patients with sight or hearing loss. The practice had identified the needs of the local population and was proactive at trying to improve outcomes for patients.

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

Are services well-led?

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

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

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

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

No action



Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the Care Quality Commission (CQC).

There was a system to highlight vulnerable patients, and those who needed additional support in their records.

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

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, this was suitably documented in the dental care record and a risk assessment completed.

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

The practice had a staff recruitment policy and procedure to help them employ suitable staff and had the appropriate checks in place for agency and locum staff. These reflected the relevant legislation. We checked two staff recruitment records and found the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that their facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

Records showed that emergency lighting, fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

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

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

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. They had undertaken a sharps risk assessment which was regularly updated.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and they checked the effectiveness of the vaccination. Staff knew how to respond to a medical emergency and had completed annual training in emergency resuscitation and basic life support.

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

A dental nurse worked with the dentists and the dental hygienists when they treated patients.

Are services safe?

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice occasionally used locum staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The practice had an infection prevention and control policy, and procedures to keep patients safe. They displayed their annual infection control statement for patients in the waiting area, summarising the practice's commitment to ensuring a high standard of infection control on the premises. Staff completed infection prevention and control training regularly.

The practice followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. They had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place effective systems and protocols to ensure all dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth. They requested and kept copies of the dental laboratories' infection control policies and relevant registration details to ensure these were up to date.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentists how information to deliver safe care and treatment was handled and recorded. Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

Track record on safety

The practice had a good safety record.

They had carried out comprehensive safety risk assessments in relation to safety. They updated these regularly to help them understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements

There were effective systems in place for reviewing and investigating when things went wrong. The practice learned and shared lessons, and acted to improve safety in the practice. They recorded, responded to and discussed incidents to reduce risk and support future learning.

There was a system for receiving and acting on safety alerts. These alerts were shared with staff, acted on and stored for future reference. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep the practice's dental practitioners up to date with current evidence-based practice. Clinicians in the practice assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by one of the dentists at the practice who had undergone appropriate post-graduate training in this speciality. The provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

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

The dentists told us they discussed smoking, alcohol consumption and diet with patients where applicable during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. The practice manager had designed and displayed information sheets for patients in the waiting area. These sheets included information promoting healthy eating and good oral hygiene, cessation of excessive alcohol consumption, cessation of tobacco use (including smoking). They had also provided information on oral cancer.

The practice was aware of national oral health campaigns and local schemes available in supporting patients to live healthier lives. For example, local stop smoking services; they directed patients to these schemes.

We spoke with the principal dentists who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice and taking plaque and gum bleeding scores and detailed

charts of the patients gum conditions. Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

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

The practice had policies including information about consent and the Mental Capacity Act 2005. The team understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. They had mental capacity assessment forms available for use.

The dentists we spoke with were aware of the need to consider the legal precedent by which a child aged under 16 years can consent for themselves. The practice had policies providing staff with the relevant information about this.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. We checked a sample of dental care records to confirm our findings; we found the quality of record keeping was generally good, though the practice could strengthen the quality of information in the records by ensuring they consistently recorded details regarding oral health risk assessments, smoking and alcohol consumption, and in-house referrals to the dental hygienists.

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

Are services effective?

(for example, treatment is effective)

had made improvements to the quality of record keeping as a result of the most recent audit and had created an action plan so that further improvements could be implemented.

Effective staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed that they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The practice monitored urgent referrals to make sure they were dealt with promptly; they could strengthen arrangements by implementing a system to track non-urgent referrals.

Are services caring?

Our findings

Kindness, respect and compassion

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights. During the inspection we noted staff were friendly and polite towards patients at the reception desk and over the telephone.

We received feedback from 36 patients. They commented positively that they had received a high standard of care at the practice. They told us staff were friendly, humorous, welcoming, courteous, kind, attentive and understanding. They told us practice staff treated them with dignity and respect.

Patients with children commented they were happy with the care the practice provided to their children, and that the staff made them feel at ease.

Patients could choose whether they saw a male or female dentist.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The reception and waiting areas were separated, which provided privacy when reception staff were dealing with patients. Staff could take patients into another room if they required more privacy. The reception computer screens were not visible to patients, and staff did not leave patients' personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

- The practice had translator cards available in 15 languages to facilitate communication with patients who did not speak or understand English. The also had interpretation services available.
- Staff said they could provide information in different formats to meet individual patients' needs. Staff spoke a variety of languages including English, Nepali, Hindi, Arabic, Tibetan, French and Urdu.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's information leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for photographs, models, and radiograph images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs and preferences. The practice made reasonable adjustments for patients with enhanced needs. These included step-free access, a hearing loop, a magnifying glass and accessible toilet with hand rails and a call bell.

Staff were clear on the importance of emotional support needed by patients when delivering care.

The feedback we obtained from patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had completed a disability access audit and formulated an action plan to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an efficient appointment system to respond to patients' needs. Staff told us patients who requested an urgent appointment were usually seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection.

Information displayed at the practice's entrance and on their answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed that they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice's information leaflet explained how to make a complaint, and this information was displayed for patients in the waiting area. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The practice manager and principal dentists were responsible for dealing with complaints. Staff told us they would tell the practice's leaders about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and encouraged patients to discuss these. We checked comments, a testimonial and complaints the practice received within the last year. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The practice's leaders were knowledgeable about issues and priorities relating to the quality and future of services.

The practice's leaders at all levels were visible and approachable. They worked closely with staff and others, and prioritised compassionate, supportive and inclusive leadership.

Vision and strategy

There was a clear vision and set of values to provide high quality care for all patients.

The practice had a realistic strategy to achieve their priorities; this strategy was in line with health and social priorities in the local region.

The practice planned its services to meet the needs of the practice population. They understood the challenges and were addressing them. They had engaged with NHS England and implemented actions with an aim to improve outcomes for young children in the local area. They had identified a need to provide services specific to their largely older patient population and employed a specialist prosthodontist to address this need.

Culture

The practice had cultivated an open and inclusive culture. Staff told us they felt respected, supported and valued. They had regular meetings and organised team-building gatherings outside of the work environment.

The practice demonstrated openness, honesty and transparency when responding to incidents and complaints. They were aware of, and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they could raise concerns with the practice's leaders, and they were encouraged to do so. They had confidence their concerns would be listened to and addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management, and staff demonstrated a good awareness of these.

The principal dentists had overall responsibility for the clinical leadership of the practice. The practice manager was responsible for the management and day to day running of the service.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

There were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

The practice used quality and operational information to ensure good performance, and to improve performance wherever necessary. They had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The practice used patient surveys and verbal comments to obtain feedback on patients' views about the service. Information was available in the waiting area for patients on how they could give feedback about the service to external organisations. The practice manager had been proactive at making improvements in response to feedback. For example, they had implemented a card payment facility, and a television in the waiting area which they informed us they would use to provide healthy lifestyle information for patients.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The practice's April 2018 FFT results showed all of the patients surveyed were "extremely likely" to recommend the practice to their friends and family.

The practice gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

Are services well-led?

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

The practice's leaders showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The practice manager had been proactive at implementing positive changes in the practice such as those relating to improving security of the premises and other safety processes, strengthening infection control procedures, encouraging collaborative working, and improving the management of staff and their working patterns. They had introduced a 'commitment to staff' policy highlighting the practice's

responsibilities towards the practice staff. They had also implemented facilities to support patients with additional needs, such as those who had hearing difficulties and problems with their vision.

The whole staff team, including dentists and dental nurses had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us that they completed highly recommended training as per General Dental Council professional standards. This included undertaking medical emergencies training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.