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# Orchard Dental Centre

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 17 August 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

##### **Are services safe?**

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

##### **Are services effective?**

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

##### **Are services caring?**

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

##### **Are services responsive?**

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

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

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

#### **Background**

Orchard Dental Centre is an NHS dental practice in Croydon. The practice is situated in a commercial unit.

The practice has one dental treatment room and a separate decontamination room for cleaning, sterilising and packing dental instruments. In addition there is a reception and waiting area for patients.

The practice is open 9.00am – 1.00pm Monday and Tuesdays and from 9.00am – 5.00pm Wednesday to Friday. The practice has three dentists working over the course of a week and are supported by one dental nurse and a trainee dental. The dental nurses also provide reception duties.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual 'registered person'. 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 11 patients. These provided a positive view of the services the practice provides. Patients commented on the quality of care, the friendliness and professionalism of all staff, the cleanliness of the practice and the overall quality of customer care.

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

- We found that the practice ethos was to provide patient centred dental care in a relaxed and friendly environment.

# Summary of findings

- Staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- Infection control procedures were robust and audits were being completed every 3 months.
- The practice had a safeguarding lead with information available to staff to refer to, although some information was out of date and did not reflect up to date guidance..
- The practice had a system in place for reporting incidents which the practice used for shared learning.
- Dentists provided dental care in accordance with current professional and National Institute for Care Excellence (NICE) guidelines.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff recruitment files were organised and included relevant pre recruitment documents such as interview notes and references.
- There was a structured approach to learning and development and staff had the opportunity to attend learning and training events.
- Staff we spoke with felt well supported by the practice owner and were committed to providing a quality service to their patients.
- Feedback from patients gave us a positive picture of a friendly, caring, professional and high quality service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

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

Dental instruments were decontaminated suitably. Medicines were available in the event of an emergency. Regular checks were undertaken to monitor expiry of medicines. There was medical oxygen and staff had access to an automated external defibrillator (AED) in the event of a medical emergency. Regular checks were carried out on a monthly basis.

No action



### Are services effective?

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

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

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

No action



### Are services caring?

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

We received feedback from 11 patients. Feedback from patients was positive. They described staff as friendly and professional. Patients stated that they were involved with their treatment planning and were able to make informed decisions. We saw examples of equipment used to make the patient experience more comfortable and considerate of patients' needs. Patients referred to staff as being caring, empathetic, and professional and treating them with dignity and respect. They felt involved in their treatment and gave examples of where staff had ensured they understood treatment.

No action



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

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

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

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

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

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

**No action**



# Orchard Dental Centre

## Detailed findings

### Background to this inspection

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

The inspection was carried out on 17 August 2016 by a CQC inspector who was supported by a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the principal dentist, dental nurse and receptionist and reviewed policies, procedures and other documents. We reviewed 11 comment cards that we had asked 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 principal dentist demonstrated an awareness of RIDDOR (The reporting of injuries diseases and dangerous occurrences regulations). The practice had an incident reporting system in place when something went wrong; this system also included the reporting of minor injuries to patients and staff. The practice reported that there were no serious incidents that required reporting over the past 12 months.

Staff we spoke with were aware of incident and accident reporting procedures including who and how to report an incident to. There had not been any accidents in the practice in the last 12 months. We spoke with the principal dentist about the handling of incidents and the Duty of Candour. The explanation was in line with the duty of candour expectations. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

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

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

The principal dentist was the safeguarding lead and acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Some of the guidance relating to safeguarding in the policy was out of date. The principal dentist told us they would ensure the information was updated and reviewed periodically. Training records showed that staff had received safeguarding training for both vulnerable adults and children.

The practice reported that there had been no safeguarding incidents that required.

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

The dentists in the practice were following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured].

Medical histories were reviewed at each subsequent visit and updated if required. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

### Medical emergencies

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

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen we saw were all in date and stored in a central location known to all staff. Staff we spoke with demonstrated they knew how to respond if a person suddenly became unwell.



## Are services safe?

Staff told us they were carrying out regular checks to medical emergency equipment (defibrillator and oxygen). However improvements could be made to improve the frequency of checks.

### Staff recruitment

There was a full complement of the staffing team. The team consists of three dentists (including two associates), one dental nurse and a trainee dental nurse.

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

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

We saw that all staff had received appropriate checks from the Disclosure and Barring Service (DBS). These are checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.

### Monitoring health & safety and responding to risks

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

The practice manager told us that they had recently employed an external company to carry out annual risk assessments of their premises. The company had completed the risk assessment on the 15 August 2016. No issues had been identified. The principal dentist told us they planned to carry out their own internal risk assessments every three months, in addition to the annual external assessment.

There was a fire risk assessment which had been completed on 15 August 2016. The assessment highlighted areas of improvements and had an associated action plan. Smoke alarms were tested every week. The fire evacuation plan was displayed in the surgery and the patient waiting area.

### Infection control

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

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

There was one autoclave. The logs from the autoclave' provided evidence of the daily, weekly and monthly checks and tests that were carried out on the autoclave to ensure it was working effectively.

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

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

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

The practice had an external Legionella risk assessment carried out in August 2015. [Legionella is a bacterium found



## Are services safe?

in the environment which can contaminate water systems in buildings]. Taps were flushed daily in line with recommendations and water temperatures were monitored monthly.

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

### Equipment and medicines

The practice had portable appliances and carried out PAT (portable appliance testing) every three years. Appliances were last tested in August 2013 and August 2016. The autoclave was serviced in March 2016 and the pressure vessel certificate was dated February 2014. Fire equipment had been serviced in January 2016.

### Radiography (X-rays)

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

The radiation protection file evidenced that the equipment was being serviced every three years. Critical examination testing had been completed in November 2015. Health and safety executive notification was in the file and local rules were displayed.

All the dentists had completed radiography training in line with their CPD requirements.

Radiography audits were completed for each X-ray and a further audit completed every six month on a sample of X-rays.





# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

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

Dental care records that were shown demonstrated that the findings of the assessment and details of the treatment carried out were recorded appropriately. We saw details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). These were carried out where appropriate during a dental health assessment.

### Health promotion & prevention

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

Preventative advice included tooth brushing techniques and dietary advice. Smoking and alcohol advice was given to patients where appropriate. This was in line with the Department of Health guidelines on prevention known as 'Delivering Better Oral Health'. Dental care records we observed demonstrated that dentists had given oral health advice to patients. A range of dental hygiene products to maintain healthy teeth and gums were available for

patients; these were available in the reception area. Underpinning this was a range of leaflets available to patients explaining how patients could maintain good oral health.

### Staffing

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

### Working with other services

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

### Consent to care and treatment

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

All staff demonstrated sufficient knowledge of understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them]. Dental care records we checked demonstrated that consent was obtained and recorded appropriately.



## Are services caring?

### Our findings

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

There was one treatment room which was located away from the patient waiting areas. Conversations between patients and dentists could not be heard from outside the treatment room which protected patient's privacy. The patient waiting area and reception was restricted for space however we saw staff making attempts to speak in lowered voices if discussing anything personal or confidential.

Staff were caring and empathetic. For example, staff told us that when a patient had complex or difficult treatment they always called them the following day to ensure they were feeling ok.

Dental care records were stored electronically and in paper form. Staff we spoke with were aware of the importance of providing patients with privacy and maintaining confidentiality.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We collected 11 completed CQC patient comment cards. These provided a positive view of the service the practice provided. All of the patients commented that the service and quality of care they received was good. We observed that reception staff was polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

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

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

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



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an equality and diversity policy. The policy outlined the steps they took to ensure people were treated equally and their diverse needs responded to. Staff gave us various examples of how they responded to patient's needs. For example, staff supported patients, and provided help where needed to complete medical history forms.

Appointment slots were left free at the start of each day to accommodate emergency and non-routine appointments. If a patient had a dental emergency they were asked to attend the surgery and would be seen as soon as possible.

### Tackling inequity and promoting equality

The local population was diverse with a mix of patients from various cultures and background. The staff team was diverse as well and staff spoke different languages which included French and Gujarati.

The practice was set out over one level and the entrance was step free. The building was wheelchair accessible, with accessible toilets for patients as well.

### Access to the service

The practice was open 9.00am to 1.00pm Monday and Fridays and 9.00am to 5.00pm Tuesday, Wednesday and Thursdays. Patients were able to access emergency care when the practice was closed through the local out of hour's service. This information was publicised via a poster in the waiting area and practice window. There was also a message on the telephone answering machine when the practice was closed.

### Concerns & complaints

We were told there had not been any complaints made in the past 12 months. We reviewed the complaints policy and spoke with staff about the handling of complaints. Staff we spoke with had a good understanding of complaints and how to handle them in line with the organisation's policy.

Details of how to make a complaint were displayed in the patient waiting area. This included details of the organisations they could escalate their concerns to including the dental complaints service.



## Are services well-led?

### Our findings

#### Governance arrangements

The principal dentist was responsible for the day to day running of the practice. The practice maintained a system of policies and procedures, some of which had just been implemented. There was also a staff handbook outlining governance arrangements.

Dental care records were stored safe on the practice computer. Computers were password protected and only accessible to authorised staff.

Staff told us that audits completed over the last 12 months included audits on dental care records, infection prevention and control and X-rays. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes.

#### Leadership, openness and transparency

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

We discussed the duty of candour requirement in place on providers with the principal dentist and they demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients and staff. The explanations were in line with the expectations under the duty of candour. We saw evidence of this through our review of the significant event.

#### Learning and improvement

The staff team was very small so general staff meetings were held every six months. In addition to the general meetings the principal dentist held informal meetings with staff at least once a week. This meeting was to catch up on the week's work and also identify any issues or learning that had been achieved.

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

The practice took part in the NHS Friends and family test. Results from patients' surveys conducted in the months before our inspection were positive. Patients also left comments on the practice website which were reviewed regularly.