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Canada Water Dental Health

Inspection Report

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Overall summary

We carried out this announced inspection on 17 July 2019 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 CQC inspector who was supported by a specialist dental adviser.

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

Canada Water Dental Health is the London Borough of Southwark and provides NHS and private treatment to adults and children.

There is level access for people who use wheelchairs and those with pushchairs. The practice has five treatment rooms.

The dental team includes two principal dentists, seven associate dentists, three dental hygienists and six dental nurses. The dental team are supported by a practice manager, an assistant practice manager and four customer care advisors.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection, we collected five CQC comment cards filled in by patients.

During the inspection we spoke with the principal dentist, two associate dentists, the practice manager and the assistant practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays to Thursdays between 8.30am and 8pm.

8.30am to 6pm on Fridays and Saturdays.

8.30am to 5pm on Sundays.

Our key findings were:

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

There were areas where the provider could make improvements. They should:

- Review the practice's protocols and procedures for the use of X-ray equipment to ensure compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and take into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Review the practice's procedures to ensure patient referrals to other dental or health care professionals are monitored to ensure they are received and suitably actioned in a timely manner.
- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff 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 provider 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 CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

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

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

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

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure. Appropriate checks where required including disclosure and barring service (DBS), employment references and proof of identity were carried out.

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

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

Records showed that fire detection and firefighting equipment were regularly tested and serviced. There was no gas safety check for the gas boiler.

Improvements were needed to the arrangements to ensure X-ray equipment was tested and serviced in line with current guidance. We were told that the dental X-ray units had been recently serviced and the practice was awaiting the service engineer's reports. The service records we saw for previous service and tests showed that these tests had not been carried out every three years as recommended.

The provider assured us that the arrangements for checking equipment would be strengthened to ensure that all equipment was tested and serviced in line with the manufacturer's instructions and other relevant guidelines.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. The audits were reviewed and used to monitor and where required to improve the quality of dental X-rays taken by the dentists.

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 reviewed regularly to help manage potential risk. The provider 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. A sharps risk assessment had been undertaken and was updated annually.

Are services safe?

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 that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year.

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

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health. There were detailed risk assessments and safety data information available to staff. These were reviewed and updated annually or more frequently as required.

The practice occasionally used locum and agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures including the arrangements for fire safety, infection control and dealing with medical emergencies.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff 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 was visibly clean when we inspected.

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

The head dental nurse 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 dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

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 provider 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 dentists were aware of and following guidance in relation to prescribing and dispensing medicines.

Are services safe?

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

We noted that the NHS prescriptions were stored securely though improvements were needed so that there were systems in place to track and monitor their use.

Track record on safety and Lessons learned and improvements

There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks, give a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

There were suitable systems for reviewing and investigating when things went wrong. These included arrangements to learn, share lessons and identified themes to improve safety in the practice.

Improvements were needed so that there was a system for receiving, acting on and sharing relevant safety alerts such as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The clinicians kept up to date with current evidence-based practice through training regularly reviewing relevant guidance. We saw that they assessed patients' 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 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 was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

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

The dentists and the dental hygienist, where applicable, discussed smoking, alcohol consumption and diet with patients 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 dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff 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

and dental hygienists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions and we saw this documented in-patient records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. Patients told us that they received appropriate and clear information to help them make decisions and consent to treatment.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists and dental hygienists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the clinicians recorded the necessary information.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff undertook training and development in areas relevant to their roles and there were systems in place to review and monitor this.

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

The dental nurse and reception staff discussed their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff. The clinical team participated in peer review during clinical meetings.

Are services effective?

(for example, treatment is effective)

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

Staff had systems to identify, manage and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Improvements were needed so that staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights and undertook training in equality and diversity issues.

Patients commented positively that staff were wonderful, caring and respectful. We saw that staff treated patients with care and kindness and were friendly towards patients at the reception desk and over the telephone.

Patients said staff were kind and understanding.

Patients told us staff were understanding and kind when they were in pain, distress or discomfort.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was open plan in design and staff were mindful of this when dealing with patients in person or on the telephone. If a patient asked for more privacy, staff would take them into another room. 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 and were aware of the

Accessible Information Standards and the requirements under the Equality Act. For example;

- Interpretation services were available for patients who did not speak or understand English.
- A number of staff spoke a range of languages including Portuguese, Lithuanian, French, Farsi and Arabic.

Staff gave patients clear information to help them make informed choices about their treatment. 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 website and a range of information leaflets 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 example photographs, models, videos and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

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

Staff understood the needs of more vulnerable members of society such as patients with dental phobia, adults and children with a learning difficulty and people living with dementia.

Patients described high levels of satisfaction with the responsive service provided by the practice.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

The practice had made reasonable adjustments for patients with disabilities. These included steps free access and accessible toilet with hand rails and a call bell. Written information could be provided in large font and the practice had considered the need for a hearing induction loop, which they told us they currently did not need.

The practice provided baby changing facilities and a children's play area.

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 on their website.

The practice had an appointment system to respond to patients' needs including appointments available seven days each week. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed 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 team took complaints and concerns seriously and there were arrangements to respond to any concerns raised promptly and appropriately to improve the quality of care.

The provider had policies providing guidance to staff on how to handle a complaint and information for patients which explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way their concerns had been dealt with.

We looked at comments, compliments and complaints the practice received within the previous 12 months. 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

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

Leadership capacity and capability

We found the principal dentist had the capacity and skills to deliver high-quality, sustainable care. They described how they had expanded the service to increase the services and treatments provided to patients.

Staff told us the principal dentist worked closely with them to achieve their aims and objectives.

Culture

The practice had a culture of high-quality sustainable care. This was demonstrated through the practice policies, procedures and the day-to-day management of the service.

Staff stated they felt respected, supported and valued. They were very happy and proud to work in the practice.

The practice had arrangements to support staff and to ensure that behaviour and performance were consistent with the practice's vision and values.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Openness, honesty and transparency were demonstrated in conversations we had with the staff team and the procedures in place to respond to incidents and complaints.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership in the practice. They were supported by the practice manager and the assistant practice manager for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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.

We saw there were clear and effective processes for assessing and managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and safety information was used to ensure and improve performance. This information was combined with the views of patients to review and improve quality and safety.

The provider 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 principal dentists involved patients and staff to support high-quality sustainable services.

The provider used patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of completed post treatment patient surveys. These showed that patients views were analysed and would be used to maintain and if needed to make improvements to the service.

The provider gathered feedback from staff through meetings, appraisals 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.

The provider 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 principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Are services well-led?

The whole nursing team 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. The dental team participated in clinical management meetings where they shared information such as the results from audits, reviews and complaints to monitor and improve practice.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete relevant training, learning and development.