

Crook Log Dental Practice

Quality Report

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Date of inspection visit: 27 January 2015

Date of publication: 09/04/2015

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

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Overall summary

Crook Log Dental Practice is located in the London Borough of Bexley in south-east London and provides private and NHS dental services.

We carried out an announced comprehensive inspection on 27 January 2015. The inspection took place over one day and was undertaken by a CQC inspector. We reviewed policy documents and dental care records and spoke with patients and staff including the management team.

The practice team included two full-time principal dentists, three part-time associates, three dental hygienists, four dental nurses, three receptionists and one practice manager.

The services provided included routine examination and treatment, dental implants, veneers, crowns and bridges, tooth whitening and oral hygiene.

We received 28 Care Quality Commission (CQC) comment cards completed by patients and spoke with three patients on the day of the visit. Patients we spoke with and those who completed comment cards were positive about the care they received from the practice. They commented that staff were caring and helpful.

Our key findings were:

Summary of findings

- Patients' needs were assessed and care was planned and delivered in line with current guidance such as that from the National Institute for Health and Care Excellence (NICE) and other published guidance.
- Staff had received training appropriate to their roles.
- Staff felt well supported and were committed to providing a quality service to their patients.

There were also areas where the provider could make improvements and should:

- Ensure the temperature of the refrigerator used to store medicines and dental products is monitored and recorded daily.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

There were systems in place to help ensure the safety of staff and patients. Safeguarding procedures were in place to protect children and vulnerable adults from harm. There were systems and processes in place, and staff we spoke with understood their responsibilities, to raise concerns and report incidents. There were suitable arrangements in place for infection control, staff recruitment and responding to medical emergencies.

Are services effective?

There were suitable systems in place to ensure patient needs were assessed, and treatment was delivered so as to ensure patients' needs were met suitably. Audits of various aspects of the service such as X-rays, dental care records and infection control were undertaken to help improve the service. Staff were supported in their work and professional development.

Are services caring?

Patients told us that staff were caring and treated them with dignity and respect and this was reflected in the CQC comment cards. Patients felt well informed and involved in decisions about their care. On the day of our inspection we observed staff treated patients with respect, and patient privacy and confidentiality were maintained.

Are services responsive to people's needs?

There was good access to the service with appointments for patients with urgent care needs available the same day. Instructions were available for patients requiring urgent care when the practice was closed. The practice had systems in place to obtain and learn from patients' experiences, concerns and complaints in order to improve the quality of care.

Are services well-led?

The provider had a clear vision and strategy. Staff we spoke with were aware of their responsibilities to deliver good care and service to patients. Suitable governance arrangements including having appropriate policies and procedures were in place. Meetings were undertaken regularly, and staff received regular training and appraisals.

Summary of findings

Crook Log Dental Practice

Detailed findings

Background to Crook Log Dental Practice

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 visit took place over one day on 27th January 2015 and was undertaken by a CQC inspector. During the inspection we toured the premises and spoke with two dentists, two dental nurses, a reception staff member and the practice manager. We also looked at policy documents relating to the management of the service and the dental care records.

We received 28 completed patient comment cards and spoke with three patients using the service.

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?

This informed our view of the care provided and the management of the practice.

Are services safe?

Our findings

Learning and improvement from incidents

The dentists and the practice manager told us of the arrangements they had for receiving and sharing safety alerts from external organisations. The practice had suitable processes around reporting and discussion of incidents to ensure learning. Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

Reliable safety systems and processes including safeguarding

The practice had up to date policies in place relating to safeguarding vulnerable adults and child protection. Clinical and administration staff we spoke with had undertaken training, were aware of their duty to report signs of potential abuse or neglect and the actions to take if they identified a case of potential abuse.

We spoke with the principal dentist who showed us that medical history was obtained at the time of the first visit and patients were asked for updates at each subsequent visit. Clinical notes were duly completed and the dental care records we checked had patient's signatures.

The practice followed national guidelines such as those relating to the use of rubber dam for root canal treatments. [A rubber dam is a rectangular sheet of latex used by dentists for effective isolation of the root canal and operating field.]. Risk assessments had been undertaken for issues that could pose a health and safety risk such as sharps, fire, radiography and around the safety of the premises. The provider had systems in place to manage risks associated with substances hazardous to health.

Infection control

The reception area and treatment rooms were clean and well maintained at the time of our inspection. The practice had infection control systems and processes in place including an infection control policy, regular checks on equipment, infection control audits and staff training.

The practice had followed national guidance on the essential requirements for infection control as set out in the Health Technical Memorandum 01-05:
Decontamination in primary care dental practices

(HTM01-05; National guidance from the Department of Health for infection prevention control in dental practices) A separate area was available for decontamination of used instruments. Instruments were transported between the treatment rooms and the decontamination room in designated containers. Suitable personal protective equipment such as gloves, aprons and eye protection was available for staff use. A staff member showed us the steps they would undertake while cleaning and decontaminating instruments. This was in accordance with the procedure for decontamination of instruments which was displayed for staff to follow.

A clear flow from dirty to clean area was maintained to minimise infection risks. A separate sink was available for rinsing instruments. An illuminated magnifier was used to inspect the instruments to check the effectiveness of the decontamination process. Sterilized instruments awaiting usage were stored in clear pouches.

The dental nurse showed us the various checks that were undertaken on equipment such as the autoclave and the ultrasonic bath. Staff followed recommended protocols to manage the dental unit water lines (DUWL).

The provider had audited their infection control practices using the Department of Health audit tool to ensure compliance with HTM 01-05 essential standards. A Legionella risk assessment had been completed and appropriate actions taken as per advice given as part of the risk assessment (Legionella is a bacterium that can grow in contaminated water and can be potentially harmful).

There were protocols for the safe management, segregation and disposal of clinical, non-clinical, and used sharp instrument waste.

Equipment and medicines

There were appropriate arrangements in place to ensure equipment was properly maintained. These included annual checks of electrical equipment such as portable appliance testing (PAT). Pressure vessel regulations required annual testing of relevant equipment and this had been undertaken by the practice. The fire extinguishers, smoke detectors, oxygen cylinder, suction compressor, autoclave, and the X-ray equipment were serviced at the required intervals.

Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date.

Are services safe?

The medicines we checked were all within date. Medicines requiring refrigeration were stored in a designated fridge; however the fridge did not have a thermometer and there were no logs available of temperature recording.

Monitoring health & safety and responding to risks

There were effective risk assessment processes in place to identify and manage risks to staff and patients from the premises and equipment. This included risk assessments for fire and security. There were contracts with providers of services to maintain and service essential equipment such as the IT system and alarms. Business continuity plans were in place and the management team could explain to us the steps they would take in the event of disruption to services. This included IT failure, telephone lines not working and malfunctioning equipment such as the autoclave.

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. All staff received training in basic life support. The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. The practice had emergency medicines such as adrenaline, glucagon and hydrocortisone in accordance with British National

Formulary (BNF) guidelines and equipment such as oxygen, masks and an automated external defibrillator (AED) [AED is a portable electronic device that analyzes the heart's rhythm and if necessary, delivers an electrical shock, known as defibrillation, which helps the heart re-establish an effective rhythm]. Staff we spoke with were aware of the location of the emergency equipment and were clear of their role in the event of a medical emergency.

Staff recruitment

The practice undertook appropriate checks prior to appointment of staff including obtaining proof of identity, past employment history, references and criminal records (now the Disclosure and Barring Service (DBS) checks). The three staff files we looked at showed evidence of appropriate checks having been undertaken as part of the recruitment process. Procedures were in place to manage planned and unexpected absences.

Radiography

The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. Individuals were named as radiation protection advisor (RPA) and radiation protection supervisor (RPS) for the practice. An inventory of X-ray equipment and radiation maintenance log was available.

Are services effective?

(for example, treatment is effective)

Our findings

Consent to care and treatment

The dentists and staff we spoke with were aware of their responsibilities to ensure patients' consent to care and treatment was obtained and recorded appropriately. Patients we spoke with said they were given time to make an informed decision. Staff we spoke with had received training on the requirements of the Mental Capacity Act 2005. We discussed issues of best interest decisions and consent and the dentist explained how they would obtain and record consent to ensure correct protocols were followed. They described how they involved relatives and carers to help patients who required support with making decisions to ensure the best interests of the patient were met.

Monitoring and improving outcomes for people using best practice

Patient's needs were assessed and treatment was planned and delivered in line with their individual treatment plan. The clinical staff explained they asked patients' information on associated medical conditions and relevant aspects of medical and social history such as smoking status and eating habits as part of the treatment. Patients we spoke with confirmed they had been asked questions about their medical history prior to commencement of their dental treatment.

The dental care records we looked at demonstrated a structured approach was taken in examination, assessment and recording of each patient's oral health. Examinations assessed the patients' teeth and gum conditions, and included an oral cancer screening. Records showed assessment of the periodontal tissues was undertaken and recorded using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool that is used to indicate the level of examination needed and to provide basic guidance on treatment need).

The dentist took into consideration national guidelines such as those issued by National Institute for Health and

Care Excellence (NICE) and the Faculty of General Dental Practice (UK) while planning care and treatment for patients. They told us they followed guidelines issued by the Royal College of Surgeons when prescribing antibiotics.

Working with other services

The principal dentist explained that where needed they would involve other professionals and refer patients to other services if they needed specialist treatment. The principal dentist explained that a lot of specialist dental services were provided in-house and they had staff with the relevant expertise to manage most conditions. However, where required they would refer patients externally for the necessary support and treatment.

Health promotion & prevention

There was a range of information available for patients on the provider's website. This included information such as the importance of routine check-ups, and maintaining good oral health. The principal dentist explained they undertook oral cancer screening as part of the initial examination. Smoking status was recorded and smoking cessation advice provided accordingly. Patients were given advice on healthy eating habits and encouraged to maintain healthy life styles.

Staffing

Staff received an induction when they started working at the practice which ensured they were aware of relevant procedures and policies. The practice had identified key staff training including infection control, safeguarding of vulnerable adults and children and basic life support.

Staff we spoke with told us they were clear about their roles and responsibilities, had access to the practice policies and procedures, received annual appraisals and were supported to attend training courses appropriate to the work they performed.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We spoke with three patients on the day of our visit. They told us the dentists and all staff were caring, and that they were treated with dignity and respect. Patients had been asked to complete CQC comment card prior to our visit to provide us with feedback on the practice. We received 28 completed cards which all had positive comments about the staff and the care patients had received. Patients told us they were very happy with the care and treatment at the practice.

Staff we spoke with were aware of the need to be respectful of patients' right to privacy and dignity. The practice phone was located and managed at the reception desk. Staff told us that they could take calls in another area and speak discreetly to ensure privacy. They said if patients wanted to discuss something in private they could take them to another room.

All consultations and treatments were carried out in the privacy of the treatment rooms and patients' privacy and dignity was maintained during examinations. We noted that treatment room doors were closed during procedures and conversations taking place in these rooms could not be overheard.

Involvement in decisions about care and treatment

Patients who attended the practice were provided with appropriate information and support regarding their care and treatment. Staff said they used models and pictures to help explain information about the planned treatment to patients. The patients we spoke with were satisfied with the information they had been provided with in regard to their dental care and treatment choices. They told us the dentist had explained the findings, they felt involved in their treatment and they had been given time to make an informed choice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice's website provided information ranging from the various treatments available and the clinic times. The practice also maintained a blog with information on topics such as gum bleeding, oral cancer and smoking cessation. Staff told us if required they could access translation services for patients who did not have English as a first language.

Tackling inequity and promoting equality

The treatment rooms were located on the ground and first floor. The doors were wide enough to accommodate wheel-chairs. The reception staff told us they had access to removable ramps that they could use to help patients using a wheelchair to access the surgery. Staff showed us they could add messages in the electronic patient record that would alert them to patients with additional needs such as those with hearing impairment.

Access to the service

Information regarding the opening hours was available in the premises and on the practice's website. The practice opening hours were Monday-Friday 8:30 am to 5:45 pm and 9:00 am to 2:00 pm on Saturday. Patients who needed emergency treatment could be accommodated on the same day. The practice website and answer phone message provided information on how to access out of hours treatment. There was an adequate stock of equipment and effective systems in place to ensure materials and dental products required for various treatments were available in time for patients' appointments.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. The practice had a complaints handling procedure and the practice manager was the designated staff member who managed the complaints. Information on how to provide feedback and raise concerns and complaints was available in the practice as well as on the provider's website. Contact details of external organisations were also provided if patients were not satisfied with the provider's response.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Leadership, openness and transparency

The practice had a statement of purpose which outlined their aims and objectives and gave details of patients' rights. All the staff we spoke with described the practice culture as supportive, open and transparent. Staff demonstrated an awareness of the practice's purpose and were proud of their work and team. Staff said they felt valued and were committed to the practice's progress and development.

Governance arrangements

The provider had policies and procedures in place required for the smooth running of the practice and there were suitable systems for monitoring various aspects of care delivery. The practice undertook regular meetings involving dentists, practice manager and receptionists and there were suitable arrangements in place for identifying, recording and managing risks.

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

We found the practice to be involved with their patients and staff. All staff members we spoke with were clear about their roles and responsibilities. They told us they felt valued and well supported in their professional development and received opportunities to attend training courses appropriate to the work they performed supported.

Management lead through learning & improvement

All dentists, dental nurses and dental hygienist working at the practice were registered with the General Dental Council (GDC). [The GDC registers all dental care professionals to make sure they are appropriately qualified and competent to work in the United Kingdom]. Records were kept to ensure staff were up to date with their professional registration.

The provider had systems and processes to ensure all staff and the practice as a whole learnt from incidents, errors, patient feedback and complaints to ensure improvement. Staff told us they had good access to training and the management monitored staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuous professional development (CPD) as required by the General Dental Council (GDC).