

## Shirley Dental Practice Limited

# Shirley Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 29 May 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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

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

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

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

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

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

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

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

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

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

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

Shirley Dental Practice is located in the London Borough of Croydon and provides private dental services. The demographics of the practice was mixed, serving patients' from a range of social and ethnic backgrounds.

The practice is open Monday to Thursdays 9am – 5.15pm and Fridays 9-1pm. The practice facilities include two consultations rooms, reception and waiting area, an administration area and toilet facilities.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

We received 39 completed comment cards and spoke with two patients as part of the inspection process. Feedback obtained was very positive referring to staff as caring and friendly and describing the environment as clean and tidy.

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

- There were effective processes in place to reduce and minimise the risk and spread of infection
- Patients' needs were assessed and care was planned in line with best practice guidance
- Patients were involved in their care and treatment and treatment planning so they could make informed decisions
- Staff were up to date with their continuing professional development and opportunities existed for all staff to develop

# Summary of findings

- There was appropriate equipment for staff to undertake their duties and equipment was maintained appropriately. However tests on equipment were not always documented
- Appropriate governance arrangements were in place to facilitate the smooth running of the service
- There was appropriate equipment and access to emergency drugs to enable the practice to respond to medical emergencies.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

The provider had systems in place to ensure people were safeguarded from abuse. Staff were trained to the appropriate level for child protection and had completed adult safeguarding training. The safeguarding policy was up to date and staff were aware of their responsibilities. Systems were in place for the provider to receive safety alerts from external organisations. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. The practice had risk assessments in place and there were processes to ensure equipment and materials were well maintained and safe to use. Medicines and equipment were available in the event of an emergency.

### **Are services effective?**

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance, such as from the National Institute for Health and Care Excellence and The Department of Health (DoH). Patients were given relevant information to assist them in making informed decisions about their treatment.

The practice maintained appropriate medical records and details were updated appropriately. Information was available to patients relating to health promotion including smoking cessation and maintaining good oral health.

All clinical members of the dental team were meeting their requirements for continuing professional development.

### **Are services caring?**

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

Feedback from patients indicated that staff were friendly, professional, caring and treated patients with dignity. We received 39 completed Care Quality Commission (CQC) comment cards. Patients were complimentary about staff describing them as friendly and caring. Patients told us they were involved with their treatment planning and able to make informed decisions. They said that staff acted in a professional manner and were helpful. They commented that the practice was clean and tidy and they did not have problems accessing the service.

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

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

Patients had good access to the service which included a range of opening times, information available via the practice website and a practice information leaflet. Urgent on the day appointments were available during opening hours and in some instances out of hours at the practice. In any event details of the '111' out of hours service was available for patients' reference.

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

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

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

# Summary of findings

Governance arrangements were in place for effective management of the practice. This included having appropriate policies and procedure for staff to refer to. Staff meetings were held to update staff on practice developments and discuss service improvements. Staff had access to training and development opportunities and told us they felt supported.

# Shirley Dental Practice

## Detailed findings

### Background to this inspection

The inspection took place on the 20 May 2015 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information provided by the provider and information available on the provider's website.

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

The methods used to carry out this inspection included speaking with the dentist, the dental hygienist, dental nurse, reception staff and two patients on the day of the inspection, reviewing 39 CQC comment cards, reviewing documents and observations.

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 practice had processes in place for receiving and sharing safety alerts. For example, they received safety alerts from suppliers and also from the medicines and healthcare regulatory authority (MHRA). All alerts were shared with staff working in the practice, either forwarded via email or discussed in meetings. The practice had an incidents and reporting log. All incidents were reported in the incident and accident book and discussed at meetings. All staff we spoke with were aware of reporting procedures including who and how to report an incident to. We reviewed the incidents and accidents log and saw that they were responded to appropriately. One incident related to a patient who sustained an injury because of a faulty door. We saw that the provider's response was in line with expectations under the duty of candour. The patient received an explanation of why the door was faulty, the action taken to prevent anyone else being affected and an apology.

Although there had not been any RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) incidents, there was an appropriate file to log them if they occurred.

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

The practice had policies and procedures in place for safeguarding adults and children protection. There was a separate policy for how to deal with adults who lacked capacity. There was a safeguarding referral reporting flowchart outlining what to do and how to report to the local authority. Details of the relevant person to contact in the local authority were included with telephone numbers and email addresses for easy reference. Copies of the local authority safeguarding leaflet were available for patients to take. The dentist was the safeguarding lead and had completed child protection training up to level three. All other staff working in the practice had completed the appropriate level child protection training. All staff had also completed adult safeguarding training. All staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatment. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth].

Medical histories were taken and updated at each subsequent visit. This included taking details of current medication, known allergies and existing medical conditions. We reviewed patient records and saw that medical histories had been updated appropriately.

### Medical emergencies

The provider had appropriate arrangements to deal with medical emergencies. There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Staff also had access to emergency equipment on the premises including an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. The dental nurse was responsible for checking emergency medicines and equipment. All medication was in date and within their expiry date.

All staff had completed recent basic life support training which was repeated annually. All staff were aware of where medical equipment was kept and knew how to use the AED and oxygen.

### Staff recruitment

The staff team consisted of a dentist, a hygienist and two dental nurses who also performed administration duties. Most staff had been working in the practice for a number of years and the hygienist was the most recently recruited member of staff. We reviewed staff files and saw that appropriate pre-employment checks were carried out before staff commenced work. This included checking identity, obtaining references, previous work history and completing a disclosure and barring services (DBS) check. All staff working in the practice had a DBS check on their staff file.

# Are services safe?

All staff had the required registration with the General Dental Council (GDC) to carry out their duties. The principal dentist told us that the staff team were very experienced and competent to carry out their duties.

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

There were appropriate arrangements in place to respond to and deal with risks and foreseeable emergencies. This included having a business continuity and disaster recovery plan in place. The plan covered events such as a power failure and flood. We saw that appropriate guidance was in place to assist staff in the event of an incident.

The health and safety policy included accidents, fire safety, hygiene and hazards. Risk assessments were also carried out to monitor and respond to safety. We reviewed the premises risk assessment which assessed all risks associated with the premises including internal and external factors. We saw that where risks were identified actions were put in place. For example the risk assessment carried out in April 2015 reported that there was a problem with one of the door handles. The fault was logged with a date for the repair to be carried out. In the interim a sign was put up to make patients aware of the fault.

## **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. In addition to this there was a copy of the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) from the Department of Health, for guidance. One of the dental nurses' was the infection control lead.

The decontamination areas had a clearly labelled flow from dirty to clean to minimise the risks of cross contamination. The dental nurse who was the lead for infection control gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery; washing manually in a sink; placing into the ultrasonic bath; 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 a year in advance, so expiry was clear.

We saw records of all the checks and tests that were carried out on the autoclave to ensure it was working effectively.

The checks and tests were in line with guidance recommendations. There was an ultrasonic cleaner and it was tested daily and weekly. Staff told us they carried out the protein and foil tests however they were not keeping records. We discussed this and they assured us they would start to retain and record the tests for audit purposes.

Staff were immunised annually against blood borne viruses and we saw evidence of when they had received their vaccinations. The practice had blood spillage and mercury spillage kits. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and collected every two weeks.

The surgery was visibly clean and tidy. There were stocks of personal protective equipment for both staff and patients such as gloves and aprons. Wall mounted paper hand towels and hand gel was available as were clinical waste bins. The dental nurses cleaned all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings and wiping down all surfaces and the dental chair in-between patients.

There was an up to date legionella risk assessment and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Purified water was used in dental lines and managed with a purifying solution. Taps were flushed daily in line with recommendations.

## **Equipment and medicines**

There were appropriate arrangements in place to ensure equipment was maintained. There were service contracts in place for the maintenance of equipment such as the autoclave and ultrasonic cleaner. We saw documents confirming that appropriate servicing was taking place. The autoclave was serviced annually, having last been serviced in March 2015 and the pressure vessel was serviced in September 2014. The practice had portable appliance and carried out PAT (portable appliance testing) annually. Appliances were last tested in January 2015 and due for re-test in January 2016.

Medication was stored appropriately in a secure location.

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

## Are services safe?

The dentist was the radiation protection supervisor (RPS). All clinical staff including the RPS had completed radiation training which was repeated annually. The practice had an external radiation protection adviser (RPA). The practice

had records in their radiation protection file demonstrating maintenance of x-ray equipment. Radiographic audits were carried out every six months and we saw the completed audits for 2015.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) and the British National Formulary (BNF) guidance. The dentist also told us they used the Faculty of General Dentists (FGDP) guidance and had a copy to hand for reference.

We reviewed medical records and saw evidence of assessments that were individualised for patients. The assessment also included patients having an up to date medical history outlining medical conditions and allergies (which was reviewed at each visit). A social history was also taken so that habits such as eating, activity etc. could be taken into account when treating a patient. The reason for visit was documented and a full clinical assessment with an extra and intra oral examination. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. 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. Information about the costs of treatment and treatment options available were printed off and a copy given to patients.

### Health promotion & prevention

Information relating to health promotion and prevention was available to patients in the waiting area. This included a range of leaflets relating to smoking cessation and oral health care. We spoke with the dentist and hygienist about health promotion. Both of them explained that health promotion and prevention was an important part of their consultations with patients. This included going through teeth brushing techniques with adults and children, advice on using the right toothbrush and oral health.

### Staffing

All the clinical staff had current registration with their professional body, the General Dental Council and were all also up to date with their continuing professional development requirements. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 every five years]. The principal dentist was very confident in the ability of the

dental team commenting that the team were all experienced and had worked together for many years. Out discussions with staff confirmed the staff team were experienced and demonstrated the skills and knowledge required to carry out their duties.

We spoke with staff and they told us that they were supported to seek developmental opportunities. Staff did not have formal one-to-ones however they all said that they could approach the dentist at any time and felt confident going to them. Practice meetings were valued amongst the staff team as they gave an opportunity to meet formally and discuss issues or for improvement opportunities.

### Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. This included having a referrals policy for staff to follow when referring to others. They worked closely with a local orthodontist, specialists and the local hospital. There was a standard template for hospital referrals which was faxed to the hospital and copied on the patient's record. The dentist told us that details about the patient's medical history, contact details and reason for referral were outlined. We saw that referrals were followed up with outcomes/ conclusions documented appropriately.

### Consent to care and treatment

The provider had a consent policy in place and it outlined informed consent, patients' ability to give consent and where consent forms were required before treatment could be given. Consent forms were required for treatments such as photography, bleaching treatment and orthodontics.

To ensure staff understood all issues relating to consent and capacity a copy of the Mental Capacity Act (MCA) 2005 was available for staff to refer to. The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. The practice also had a specific policy on how to deal with patients who lack capacity. Links were available in the policy for further advice and guidance if required. The dentist demonstrated knowledge of the MCA and gave suitable examples of when patients lacked capacity and how they were dealt with.

# Are services caring?

## Our findings

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

We received 39 completed CQC comment cards and reviewed the results of the practice's patient satisfaction survey for May 2015. Generally feedback was very positive. Staff were described as caring and treating patients with dignity and respecting their privacy.

We observed interaction with patients and staff in the waiting room and saw that staff interacted well with patient speaking to them in a respectful and considerate manner and showing compassion. Staff told us that consultations were in private and we observed that this happened with doors being closed and conversations could not be overheard. The environment of the practice was conducive to maintaining privacy.

Patients' information was held securely electronically and backed up off-site. All computers were password protected with individual logins.

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

The patient feedback we received confirmed that staff involved patients in their treatment planning. Patients commented that things were explained well and they were asked if they understood the treatment being offered. Treatment options were discussed with them and they commented that they were given time to think about their options.

Staff we spoke with told us they always explained things to patients and never carried out treatment if a patient was unsure. The medical records we reviewed demonstrated that people were involved in planning because it was documented in their clinical notes.

Staff told us that they explained the treatment options available to patients outlining the risk and benefits so that patients were making informed decisions about their care and treatment. For example, the dentist used photos and a camera, to explain the diagnoses and demonstrate treatment that was available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appropriate appointments system that met patients' needs. The practice is open Monday to Thursdays from 9.00am-5.15pm and Fridays 9-1pm. In the event of a patient needing an appointment outside of opening times, there was a message on the practice telephone directing patients to call the out of hours '111' service.

The manager told us that appointments were scheduled in order to respond to patients' needs. For example although they had set opening hours, patients could request an appointment outside of the standard hours. This included opening beyond 1pm on Fridays and scheduling appointments if patients requested this. This was advertised and promoted on their website and to patients verbally when they attended.

### Tackling inequity and promoting equality

There was step free access to the building and once inside space for wheelchair users and prams to manoeuvre around the building. A disability discrimination act assessment of the premises and no issues had been picked up.

The patient population was evenly mixed with patients from different social and ethnic backgrounds. The staff team was diverse and staff spoke different languages including, English, Gujarati and Turkish. This diversity in the staffing structure enabled them to reduce inequality for patients accessing the service.

### Access to the service

The practice had a comprehensive website with information about the staff team, treatments on offer, payment options contact details. The practice also had information in the patient waiting area including a practice leaflet and oral health advice. Appointments were booked by calling the practice. Emergency appointments were available every day. If a patient had an emergency they were asked to come in and wait, and would be seen as soon as possible.

Feedback received from patients indicated that they were happy with the access arrangements. They were happy with the information available relating to access. All the patients we spoke with were aware of how to access emergency treatment in the event of needing to.

The dentist told us that cover arrangements were in place with other dental surgeries in the area in the event that the practice needed to close, staff sickness or staff leave.

### Concerns & complaints

The provider had a complaints policy and procedure in place. This included how to make a complaint, response times and contact details in the event of them wanting to escalate it further. At the time of our visit there had not been any complaints in the past 12 months. Staff we spoke with demonstrated that they were aware of their procedure and explanations of how they would deal with a complaint were in line with their policy.

There was a leaflet available to patients outlining how to complain and how complaints were handled. We reviewed the complaint log, looking at complaints made over the past 12 months. Complaints had been handled and dealt with in line with the practice policy.

# Are services well-led?

## Our findings

### **Governance arrangements**

All staff we spoke with were clear about their roles and responsibilities. They all told us they were supported to carry out their duties and meet their professional standards. The manager told us that they tried to hold staff meetings at least once a month, but in the absence of a formal monthly staff meeting they held frequent informal meetings. We reviewed the meeting minutes for May 2015 which covered issues such as medical emergencies update, safeguarding and the disposal of out of date drugs. Staff we spoke with told us they found the practice meetings very useful.

There were a range of policies and procedures to ensure effective governance arrangements were in place. This included health and safety policies, staffing and recruitment policies and an infection control policy. Policies were available to staff electronically on their computers.

Dental care records we reviewed were complete, legible and accurate and stored securely on computers that were password protected.

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

The practice vision was clearly displayed in the practice and also incorporated in the practice literature so that all patients and staff were aware of it. Staff spoke proudly of the service and the work they carried out, which was reflective of the vision they were aiming to achieve. Staff we spoke with were confident in approaching the principal dentist if they had concerns and displayed appreciation for the leadership.

The registered manager told us that they encouraged staff to be open and transparent and that they led by example and did the same. We reviewed the complaints log and looked at one relating to a patient who was not happy with the treatment they received. The dentist explained how the complaint was dealt with and we also reviewed the paperwork. We saw that the patient had received a letter outlining how it was investigated, the action taken and an apology. We saw that the complaint was handled in line

with their policy and expectations under the duty of candour. [Duty of candour is a requirement 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].

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

All clinical staff were up to date with their continuing professional development (CPD) and supported to pursue development opportunities. Appraisals were conducted on an annual basis to further improve and develop staff. Staff we spoke with said that they found the appraisal process useful for their personal development.

Practice meetings were held most months so that staff could be updated on practice development and improvements. We reviewed the minutes of the meeting held in May 2015 and saw that updates relating to medical emergencies and safeguarding were discussed.

Appropriate audits were carried out as part of on-going improvement and learning. For example we reviewed a record keeping audit completed in March 2014. The audit covered looking at 10 areas including medical history, baseline charting and soft tissue examinations. We saw that actions were set to improve record keeping.

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

Feedback from patients was gathered through an on-going monthly patient survey. Results of the survey were analysed and themes and trends identified. At the time of our visit feedback from patients was overwhelmingly positive and patients had not identified any areas of improvements required in the practice. Patients were also encouraged to provide comments and compliments about the service. The manager told us that patients were encouraged to make comments and suggestions about the service. This included providing testimonials on the website.

We saw evidence that the practice included staff in decisions about the practice. For example one of the staff told us that they had recently looked at the pricing structure. All staff were consulted on this and their views fed into the final decisions.