Mr Rajesh Kylahsum and Mrs Archna Kylahsum

Northwick Park Dental Practice

Inspection Report

Watford Rd
Harrow
Middlesex
HA1 3UJ
Tel:020 8423 1010
Website:http://www.npdental.co.uk/

Date of inspection visit: 28 August 2015
Date of publication: 05/11/2015

Overall summary

We carried out an announced comprehensive inspection on 28 August 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.

Background

Northwick Park Dental practice is located in the London Borough of Brent and provides NHS and private dental services. The demographics of the practice is a mixture of hospital staff and the general public

The staff structure of the practice is comprised of two principal dentists, two dentists, one receptionist and four dental nurses

Facilities within the practice include three treatment rooms, a dedicated decontamination room, and a reception area. The opening hours of the practice are 7.45 am to 4pm Monday to Friday apart from Wednesdays when the practice is open until 6pm.The practice is also open on Saturdays by appointment.

The inspection was undertaken by a CQC inspector and a specialist dental advisor. We spoke with staff and reviewed policies and procedures and dental care records. We received 40 CQC comment cards completed by patients.

The inspection took place over one day and was carried out by a CQC inspector and a dentist specialist advisor.

Our key findings were:

Summary of findings

- 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 current guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients were involved in their care and treatment planning.
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained.
- Patients told us that staff were caring and treated them with dignity and respect.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and providing compliments.
- There was a clear vision for the practice. Governance arrangements were in place for the smooth running of the practice.

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

- Review recruitment procedures to ensure accurate, complete and detailed records including appropriate records of references are maintained for all staff.

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.

There were systems in place to help ensure the safety of staff and patients. These included policies for safeguarding children and vulnerable adults from abuse, maintaining the required standards of infection prevention and control and maintenance of equipment used at the practice. The practice assessed risks to patients and managed these well. We found that staff were trained and there was appropriate equipment to respond to medical emergencies. In the event of an incident or accident occurring, the practice had a system in place to document, investigate and learn from it. The practice followed procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining two references, though improvements could be made to the recruitment procedures, namely in the recording of references.

Are services effective?

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

The practice followed current guidance such as that issued by National Institute for Health and Care Excellence (NICE) for example, in regards to prescribing antibiotics and dental recall intervals. Patients were given appropriate information to support them to make decisions about the treatment they received. The practice kept detailed dental care records of treatments carried out and monitored any changes in the patient's' medical and oral health. Records showed patients were given health promotion advice appropriate to their individual oral health needs such as smoking cessation and dietary advice.

Staff were supported by the practice in maintaining their continuing professional development (CPD) and were meeting the requirements of their professional registration.

Are services caring?

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

The CQC comment cards we received were very positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely and patient confidentiality was well maintained.

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 routine and emergency appointments at the practice. There was sufficient well maintained equipment to meet the dental needs of their patient population. There was a complaints policy clearly publicised in the reception area. We saw that the practice responded to complaints in line with the complaints policy. Patients were given the opportunity to give feedback through the practice website and regular surveys of patients. There were arrangements to meet the needs of disabled people.

Are services well-led?

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

Summary of findings

There was a clear vision for the practice that was shared with the staff. There were good governance arrangements and an effective management structure. There were regular meetings where staff were given the opportunity to give their views of the service. Appropriate policies and procedures were in place, and there was effective monitoring of various aspects of care delivery. Patients were given the opportunity to provide feedback about the practice.

Northwick Park Dental Practice

Detailed findings

Background to this inspection

We carried out an announced comprehensive inspection on 28 August 2015. The inspection was led by a CQC inspector. They were accompanied by a specialist advisor.

The practice sent us their statement of purpose and a summary of complaints they had received in the last 12 months. We also reviewed further information on the day of the inspection.

We received 40 CQC comment cards completed by patients. We also spoke with four members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

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 suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. There had been 3 incidents in the last twelve months and they had been dealt with appropriately. Staff were able to describe the type of incidents that would be recorded and the incident logging process. Staff explained patients would be told when they were affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. The practice had a safeguarding policy. The policy included procedures for reporting safeguarding concerns and contact information for the local safeguarding teams. The policy had last been reviewed in April 2015 and was scheduled to be reviewed again in April 2016. Staff had completed safeguarding training that was updated on a regular basis. They were able to explain their understanding of safeguarding issues, which was in line with what we saw in the policies. There had been no situations that needed to be referred for consideration to the safeguarding teams.

The practice had safety systems in place to help ensure the safety of staff and patients. This included for example having infection control, safeguarding procedures and Control of Substances Hazardous to Health (COSHH) assessments. Risk assessments had been undertaken for issues affecting the health and safety of staff and patients using the service. This included for example a legionella risk assessment, fire and building environment risk assessments. We noted that the practice had acted upon what had been identified in the risk assessments.

During our visit we found that the dental care and treatment of patients was planned and delivered in a way that ensured patients' safety and welfare. During the course of our inspection we checked dental care records to confirm the findings. Dental care records contained patient's medical history that was obtained when patients first registered with the practice and was updated regularly. The dental care records we saw were well structured and contained sufficient detail enabling another dentist to know how to safely treat a patient. For example, they contained details of any allergies patients had.

The practice followed national guidelines such as use of a rubber dam for root canal treatments. [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 emergencies

There were arrangements in place to deal with on-site medical emergencies. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training. The practice had a medical emergency kit which included emergency medicines and equipment. The kit contained the recommended medicines. We checked the medicines that were in the kit and we found that all the medicines were within their expiry date. The emergency equipment included oxygen. However, we found it did not include an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. (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 principal dentist told us that the practice had access to a defibrillator located in the hospital where the practice was located. Staff confirmed they were aware of these arrangements.

Staff recruitment

The practice had a policy for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must obtain a full employment history, check the authenticity of qualifications, obtain two references, including one from the most recent employer, and complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had satisfactorily carried out the necessary required checks for staff who worked in the practice. However, we found that the practice

did not always maintain accurate, complete and detailed records relating to employment of staff. For example we found references had only been recorded in one of the five staff records we saw. The principal dentist said they had sometimes taken verbal references but not recorded them.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. A Health and Safety Policy was in place. The practice had a risk management process which was regularly updated and reviewed to ensure the safety of patients and staff members. For example, we saw risk assessments for display screen equipment (DSE), use of equipment, radiation and environmental building issues. The assessments included the controls and actions to manage risks. For example an April 2015 risk assessment of the building the practice was located in found that the practice had adequate lighting.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy and a named infection control lead. The practice had followed the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. We examined the facilities for cleaning and decontaminating dental instruments. There was a dedicated decontamination room with a clear flow from 'dirty' to 'clean.' One of the dental nurses demonstrated how they used the room and demonstrated a good understanding of the correct processes. Dental nurses wore appropriate protective equipment, such as heavy duty gloves and eye protection.

In accordance with HTM 01-05 guidance an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment rooms and the decontamination room which ensured the risk of infection spread was minimised. An illuminated magnifier was used to check for any debris during the cleaning stages. An ultrasonic cleaner was in use to remove debris from instruments and items were placed in an autoclave (steriliser) after cleaning. Instruments were placed in pouches after sterilisation and a date stamp indicated how long they could be stored for before the sterilisation became ineffective. An automatic data logger recorded any faults in the sterilisation process when items were put through the autoclave. The practice used a system of daily logs recorded by a member of staff to monitor the effectiveness of the sterilisation process as well as keeping records from the automatic logger. Two autoclaves were available: a vacuum autoclave and a non-vacuum autoclave. On the day of the visit, we were told the vacuum autoclave was not working and a service had been booked.

The practice had an on-going contract with a clinical waste contractor. Clinical waste was collected on a weekly basis. Waste was being appropriately stored and segregated. This included clinical waste and safe disposal of sharps.

Records showed that a Legionella risk assessment had been carried out by an external company.

The premises appeared clean and tidy. There was a good supply of cleaning equipment which was stored appropriately. The practice had a cleaning schedule that covered all areas of the premises and detailed what and where equipment should be used. This took into account national guidance on colour coding equipment to prevent the risk of infection spread. A contract was in place with a specialised cleaning company to carry out daily cleaning after practice opening hours. We saw that a recent infection control audit had been undertaken.

Equipment and medicines

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included the equipment used to clean and sterilise the instruments and X-ray equipment. Portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process where electrical appliances are routinely checked for safety. All the equipment at the practice had annual maintenance checks.

The practice had clear guidance regarding the prescribing, recording and stock control of the medicines used in the practice. The systems we reviewed were complete, provided an account of medicines prescribed, and demonstrated that patients were given their prescriptions as recorded. The medicines stored at the practice were those found in the medical emergency box.

Radiography (X-rays)

The principal dentists was the radiation protection supervisor (RPS).A medical physicist covered the role of

Are services safe?

radiation protection adviser. The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in clinical areas where X-rays were used.

Evidence of radiation training was seen. X-rays were graded and audited as they were taken. A comprehensive radiograph audit had been carried out in 2013 and the provider was aware of the need to carry out a more current audit.

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) guidance, for example in regards to dental recalls. The practice also showed awareness of the Delivering Better Oral Health Tool-kit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. For example, in relation to when a fluoride varnish might need to be applied to a patient's teeth.

During the course of our inspection we checked 10 dental care records to confirm the findings. We saw evidence of comprehensive detailed assessments that were individualised. We found that the dentists regularly assessed patient's gum health and soft tissues (including lips, tongue and palate) were regularly examined. We found that patient's medical history records were updated regularly. The practice used an electronic pad to allow patients to update their update medical histories. 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 also given to patients.

Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking and alcohol intake. Appropriate advice was provided by staff to patients based on their medical histories. We found that the dentists identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. Dentists also carried out examinations to check for the early signs of oral cancer.

Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. This was to ensure that patients received high quality care as a result. The practice used a variety of ways to ensure development and learning was undertaken including both face to face and e-learning. Examples of staff training included core issues such as safeguarding, medical emergencies and infection control. We reviewed the system in place for recording training that had been attended by staff working within the practice. We saw that the practice maintained records that detailed training undertaken and highlighted training that staff needed to undertake. We also reviewed information about continuing professional development (CPD) and found that staff had undertaken the required number of CPD hours.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. For example, referrals were made the dental department the practice was based in for orthodontics. Dental care records we looked at contained details of the referrals made and the outcome from the referrals that were made.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We reviewed 40 CQC comment cards. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment. This was confirmed when we reviewed dental care records. We saw evidence of the use of written consent forms for extractions, dentures and implants. NHS patients were provided with detailed FP17 forms outlining their care plan. Evidence of discussed treatment options, including risks and benefits, as well as costs, was seen in the records we viewed.

Staff had received training on the Mental Capacity Act 2005 (MCA) 2005. The MCA Act 2005 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. Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the

Are services effective?

(for example, treatment is effective)

best interests of the patient were met. This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Are services caring?

Our findings

We reviewed 40 CQC comment cards. All the feedback we received was positive. Staff were described as extremely caring, friendly and helpful. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of fees. We also saw that the practice had a website that included information about dental care and treatments, payment plans and opening times.

We spoke with a dentist, receptionist and dental nurse on the day of our visit. There was a culture of promoting patient involvement in treatment planning which meant that all staff ensured patients were given clear explanations about treatment. Staff told us that treatments, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice. The dentist told us they would explain the planned procedures to patients using visual aids when necessary. Patients were then able to decide which treatment option they wanted.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients and that patients could generally book an appointment in good time to see a dentist. Patients confirmed that they felt they could get appointments when they needed them in the comment cards we read.

There were vacant appointment slots to accommodate urgent or emergency appointments. We observed that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. Staff at the practice spoke different languages and were able to interpret for patients when required. If a patient spoke a language not spoken by the practice staff they would use interpreter resources available in the hospital the practice was located in. The building was accessible to people in wheel chairs and there was a minicom system that was used to communicate with deaf patients.

Access to the service

The practice displayed its opening hours on the practice website. Opening times were also displayed at the front of the practice. Opening hours were 9-5pm Monday to Friday, apart from Tuesdays when the practice stayed open till 19.30. The practice was open Saturday's by appointment only. This gave patients good options for accessing the service. There were clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were on the telephone answering machine.

Concerns & complaints

The practice had effective arrangements in place for handling complaints and concerns. There was a complaints policy. There had been 1 complaints logged in the last year and it had been dealt with in line with the advertised policy. The policy did include contact details for external organisations that patients could contact if they were not satisfied with the response from the practice.

Are services well-led?

Our findings

Governance arrangements

The provider had governance arrangements in place for the effective management of the service. This included having a range of policies and procedures in place including health and safety, complaints and infection control. There was a clear management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility. Comprehensive risk assessments had been undertaken to cover various aspects of the service delivery.

Staff told us meetings were held regularly to discuss issues in the practice and update on things affecting the practice. We saw that these meetings were used as an opportunity to let staff know about the ongoing business of the practice. For example we saw that the introduction of electronic signing in pads were discussed during a 2015 meeting. .

Dental care records we checked were stored electronically. The records were complete and accurate and password protected.

We saw staff undertook quality audits at the practice. This included audits on radiation, infection control and clinical records. We found that action plans were drafted following the completion of audits. For example we saw that the need to have further training was highlighted following a 2014 records audit. However we saw that improvements could be made in audits undertaken, for example a August 2015 infection control audit had not identified any issues. However, we noted some issues which had not been picked up through this audit. For example, only one of the four handwashing sinks was compliant with current guidance and did not have an overflow. A thermometer to measure the temperature of the water in the event of needing to manually clean instruments was not present. The principal dentist told us they would take immediate action to deal with this issue.

Leadership, openness and transparency

Staff we spoke with said the vision of the practice was shared with them. Staff said they felt the owners of the practice were open and created an atmosphere where all staff felt included. Staff told us they were comfortable about raising concerns with the principal dentists. They felt they were listened to and responded to when they did so.They described the culture encouraged candour, openness and honesty.

The practice was also keen to ensure that all of their staff provided highly-skilled care. There was a system of periodic staff appraisals and supervision to support staff.

Learning and improvement

Staff told us they had good access to training. Staff training was monitored to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

The practice audited areas of their practice as part of a system of continuous improvement and learning. This included clinical audits such as on dental care records and X-rays, and audits of complaints and infection controls. We looked at a sample of these and found audits were being undertaken regularly.

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

The practice had gathered feedback from patients through NHS Choices, and their own patient feedback surveys. For example we saw that a 2015 patient satisfaction survey had found most patients were happy with the ease of making appointments and the welcome in the reception area.