

# Croydon Dental Practice / Addiscombe Orthodontics

# Croydon Dental Practice

## Inspection Report

202 Lower Addiscombe Road  
Addiscombe, Croydon  
CR0 6RS  
Tel: 020 8656 6959  
Website: n/a

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## Overall summary

We carried out an announced comprehensive inspection on 24 August 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

### Our findings were:

#### Are services safe?

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

#### Are services effective?

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

#### Are services caring?

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

#### Are services responsive?

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

#### Are services well-led?

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

### Background

Croydon Dental Practice is a mixed NHS dental and orthodontic practice in Croydon. The practice is set out over one floor (ground floor) and has two dental treatment rooms, a patient waiting room with reception, and a staff office.

The practice is open 9.00am to 7.00pm Monday and Thursdays; 9.30am to 5.00pm Tuesdays and Wednesdays and by appointments on Fridays. The practice has two dentists, one dental nurse and a receptionist.

The principal dentists are the registered managers. 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.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 21 patients via completed comment cards and speaking with patients on the day of the inspection. Patients provided a positive view of the services the practice provides. They commented on the quality of care, the friendliness and professionalism of all staff, the cleanliness of the practice and the overall quality of customer care.

### Our key findings were:

# Summary of findings

- We found that the practice ethos was to provide patient centred dental care in a relaxed and friendly environment. Leadership was clear and roles and responsibilities well defined.
- Staff had been trained to handle emergencies, and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines.
- The practice appeared clean and well maintained.
- Infection control procedures were in place, although there was evidence that they were not fully following guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05). Audits were being completed every six months.
- The practice had a safeguarding lead with information available to staff to refer to. Staff demonstrated knowledge of safeguarding.
- The practice had a system in place for reporting incidents which the practice used for shared learning.
- Dentists told us they provided care within current professional and National Institute for Health and Care Excellence (NICE) guidelines although this was not always evidenced in dental care records.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff recruitment files were well organised and included relevant pre recruitment documents such as interview notes, CVs and references.
- Staff had the opportunity to attend learning and training events.
- Staff we spoke with felt well supported by the practice owner and were committed to providing a quality service to their patients.
- Feedback from patients gave us a positive picture of a friendly, caring, professional and high quality service.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment taking into account guidelines issued by the British Endodontic Society
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review the practice's infection control procedures and protocols are suitable taking into account guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's audit protocols to ensure radiography audits are undertaken at regular intervals and where applicable learning points are documented and shared with all relevant 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?

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

Dental instruments were decontaminated suitably, although we noted that some used single-use items had not been disposed. There was a risk these items may have been re-used. The principal dentist assured us they would ensure decontamination processes would be tightened up to prevent this in the future. Medicines were available in the event of an emergency. There was medical oxygen and staff had access to an automated external defibrillator (AED) in the event of a medical emergency. Regular checks were carried out to the defibrillator and oxygen cylinder.

No action



### Are services effective?

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

Patients' needs were assessed and care and treatment was delivered in line with published guidance, although this was not always documented in patients' dental care records. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately. Staff were broadly aware of their responsibilities under the Mental Capacity Act (MCA) 2005 although knowledge of best interest meetings needed updating. Referrals were made appropriately.

Staff were up to date with their CPD requirements.

Information was available to patients relating to health promotion and maintaining good oral health.

No action



### Are services caring?

We received feedback from 21 patients via completed Care Quality Commission comment cards and speaking with patients on the day of the inspection. Feedback from patients was positive. They described staff as friendly and professional.

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

No action



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

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

No action



# Summary of findings

The service was aware of the needs of the local population and took those these into account in how the practice was run.

The practice had level access into the building and the dental surgeries were wheelchair accessible. Appointments were available at times suitable for patients. Emergency appointments were available

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

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

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

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

**No action** 

# Croydon Dental Practice

## Detailed findings

### Background to this inspection

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

The inspection was carried out on 24 August 2016 by a CQC inspector who was supported by a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the principal dentists, a dental nurse and the receptionist; reviewed policies, procedures and other documents. We received feedback from 21 patients via comment cards that we had asked patients to complete, and also speaking with patients.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The principal dentists demonstrated an awareness of general incident reporting and RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013). There had not been any RIDDOR events in recent years. The practice had an accident and reporting policy with associated forms to complete in the event of an accident. There had not been any reported accidents over the past 12 months.

We spoke with the principal dentist about the handling of incidents and the Duty of Candour. Their explanation was in line with the duty of candour expectations. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA) by post. The dentists told us alerts were shared amongst staff when relevant.

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

One of the principal dentists was the safeguarding lead and acted as a point of referral should members of staff encounter a child or adult safeguarding issue. A policy and protocol was in place for staff to refer to in relation to children and adults who may be the victim of abuse or neglect. Relevant contacts for reporting safeguarding concerns outside the practice were displayed in the staff kitchen. Training records showed that staff had completed child protection training to level two.

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

records giving details as to how the patient's safety was assured]. The dentist said they preferred not to use rubber dam and described what alternative precautions were taken to protect the patient's airway during the treatment when a rubber dam was not used. However they were unable to show us the risk assessment written in the dental care records outlining why alternatives were used.

The dentists told us that medical histories were reviewed at each subsequent visit and updated if required. During the course of our inspection we checked dental care records. All of the records we reviewed of recent appointments (e.g. the three weeks prior to our inspection) had up to date medical history forms. Some older records we checked did not have an updated medical history form.

### Medical emergencies

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

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to oxygen along with other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The emergency medicines and oxygen cylinder we saw were all within their use by date and stored in a central location known to all staff. Staff told us they checked equipment on a weekly basis; however records were not maintained.

### Staff recruitment

There was a full complement of the staffing team. The team consists of two dentists, one dental nurse and a receptionist.

All relevant staff had current registration with the General Dental Council the dental professionals' regulatory body. All staff had been working in the practice for many years. The recruitment checks required at their time of joining had been carried out.

# Are services safe?

The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. These checks included for example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references.

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

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

The practice had a health and safety policy, to monitor health and safety.

A practice risk assessment was carried out periodically. The assessment included identifying potential hazards, assessing who was at risk and the control measures to minimise the risks. We saw that actions arising as a result of the assessments were addressed.

There was a business continuity plan. The plan outlined all possible business continuity events and how they would be handled. Relevant contact telephone numbers for services such as electrician, gas engineer and utilities were outlined in the plan.

A fire risk assessment had been completed on the 1 June 2016. The assessment highlighted areas that required improvements. The principal dentist told us that they completed the risk assessment every six months or sooner if required. Staff told us that smoke and fire alarms were tested on an ad-hoc basis. Fire drills were carried out every six months. Fire evacuation plans were displayed in appropriate areas.

## **Infection control**

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

Decontamination of dental instruments was carried out in the surgeries. There was clear end to end flow of “dirty” to “clean” instruments. Instruments were manually scrubbed in one surgery and then transported in a lidded container to surgery two where they were sterilised in an autoclave.

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

We looked through the drawers in one of the surgeries and found three used rose head burs, which are single use items. There was a risk these items may have been re-used. We discussed this with the principal dentist and they stated they were unaware that single use items were being re-used and it was possibly an error. We discussed the seriousness of ensuring that single use items were disposed of immediately after use. The principal dentist assured us they would ensure processes were tightened up to prevent this in the future.

There was one autoclave. The logs from the autoclaves provided evidence that daily and weekly checks and tests were being carried out. We also saw evidence that protein and foil tests were being carried out to the ultrasonic bath.

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

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

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

A Legionella risk assessment had been completed in December 2010. [Legionella is a bacterium found in the

# Are services safe?

environment which can contaminate water systems in buildings]. The dentists told us that they performed regular checks and water testing. This included weekly flushing and annual inspections.

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

## **Equipment and medicines**

The practice had portable appliances and carried out PAT (portable appliance testing) every year. Appliances were last tested in March 2016. The autoclave was serviced on the 18 March 2016 and the pressure vessel certificate was dated 26 March 2016.

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

One of the principal dentists was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

The practice had evidence that X-ray equipment was being serviced in line with manufacturer's recommendations. Critical examination testing had also been completed.

Both dentists had completed Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 (IRMER) training in line with their CPD requirements.

Quality assurance was completed for each X-ray and the nurses were grading the X-rays. Guidance suggests that grading of X-rays should be completed by a dentist. We discussed this with the dentists and they advised that this system had always been in place. They agreed that they would review their procedure to reflect guidance. The practice also provided evidence that they had conducted an audit on the X-ray machines. The audit resulting in the practice deciding that they needed to upgrade to a digital X-ray. We saw that a new digital X-ray machine had been purchased.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The principal dentist described how they carried out their assessment of patients for routine care. This included the patient being asked to complete a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. The dentist confirmed that they did not always document conversations fully in patients' records; however they stated that they did carry out full assessments.

Dental care records that were seen had gaps in recording assessments. For example some did not have up to date medical histories or documented evidence of following NICE guidance. We discussed this with the principal dentist and they confirmed that they did not always record when relevant guidance was being followed because they had been in practice a long time and was not used to having to complete so much paperwork. They acknowledged the importance of ensuring dental care records were accurate and complete to reflect assessment.

### Health promotion & prevention

We saw evidence that clinicians in the practice gave patients health promotion and prevention advice.

Preventative advice included tooth brushing techniques and dietary advice. Dentists told us they gave oral health advice to patients. A range of dental hygiene products to maintain healthy teeth and gums were available for patients; these were available in the reception area. Underpinning this was a range of leaflets available to patients explaining how patients could maintain good oral health.

### Staffing

All clinical staff had current registration with their professional body, the General Dental Council. We saw example of staff working towards their continuing professional development requirements, working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years].

### Working with other services

The practice had processes in place for effective working with other services. The practice carried out both dental and orthodontic work. The orthodontist and dentist worked closely together and internal referrals were handled appropriately.

There was standard template for referrals to other services such as restorative dentistry and community services. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. Copies of all referrals made were kept on the patients' dental care records.

### Consent to care and treatment

We spoke with the principal dentist about how they implemented the principles of informed consent. The dentist had an understanding of consent issues and also told us they referred to the organisation's consent policy.

Most staff demonstrated knowledge of understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005. Staff knowledge on the best interest principle was basic; however staff knew where to get information if they required it [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them]. Most staff had completed recent mental capacity Act training.

Dental care records we checked demonstrated that consent was obtained and recorded appropriately.

# Are services caring?

## Our findings

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

The treatment rooms provided patient privacy and conversations between patients and dentists could not be heard from outside the treatment room.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We received feedback from 21 patients which included the completed CQC patient comment cards and speaking with patients on the day of the inspection. The feedback provided a positive view of the service the practice provided.

Patients provided positive examples of how they had been respected and treated with dignity. Patients commented

that the service and quality of care they received was good. We observed that receptionist was polite and helpful towards patients and that the general atmosphere was welcoming and friendly.

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

The patient feedback we received confirmed they felt involved in their treatment planning and received enough information about their treatment. Patients commented that treatment was explained well, often with the use of models.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had a high number of older patients. Longer appointments were available for these patients if the dentist felt it necessary. They also had a high number of children. Appointment slots were made available to accommodate school times as well as evening appointments.

Appointment slots were left free every morning and afternoon with dentist to accommodate emergency and non-routine appointments. Any patient who called and reported that they were experiencing pain were asked to attend the surgery and would be seen as soon as possible.

### Tackling inequity and promoting equality

The local population was diverse with a mix of patients from various cultures and background. Staff had access to language line if patients' first language was not English. The staff team was multi-lingual and staff spoke languages including French, German and Spanish.

The practice was set out over one level and the entrance had a ramp that was suitable for wheelchairs and pushchairs. The surgery was wheelchair accessible. The toilet facilities were not wheelchair accessible.

### Access to the service

The practice was open 9.30am to 7.00pm Monday and Thursdays; 9.30am to 5.00pm on Tuesday and Wednesdays. On Fridays the practice was open by appointment only. Patients were able to access emergency care when the practice was closed through the local out of hour's service. This information was publicised via a poster in the waiting area and on the practice door. There was also a message on the telephone answering machine when the practice was closed.

### Concerns & complaints

There had not been any complaints in the past 12 months. We reviewed the complaints policy and spoke with staff about the handling of complaints. Staff were aware of the policy and outlined actions they would take which were in line with the policy. Patients were made aware of how to complain through a poster displayed in the patient waiting area and the patient information leaflet.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice maintained a range of policies and procedures. They were accessible to staff through files in the staff office. This included health and safety, staff recruitment and staffing.

Dental care records were paper based. All staff had access to the system and computers were password protected and only accessible to authorised staff.

Staff told us that audits completed over the last 12 months included infection control and record cards. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. For example a record card audit of 100 dental care records was carried out in April 2016. The audit identified that 92% of cards had fully completed FP17 forms. An action as a result of the audit was that dentists should remember to always complete the forms.

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

The two principal dentists provided leadership for the practice. We discussed the Duty of Candour requirement in place on providers with the principal dentists and they demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients and staff. The explanations were in line with the expectations under the duty of candour.

Staff told us that they felt the principal dentists were approachable and provided clear leadership. The team had worked together for many years and felt that they had developed an open culture and had shared visions for the practice.

### **Learning and improvement**

The practice held structured team meetings on a monthly basis and informal meetings weekly. Staff told us that they discussed incidents, complaints and patients' needs. We reviewed meeting minute notes and saw that topics discussed included incident reporting, complaints, practice developments and staffing issues. Staff confirmed they found the meetings useful.

All staff had annual appraisals. The staff team were very experienced and had worked in the practice for over twenty years. Appraisals were reflective of staff needs and development requirements. Training was arranged collectively for the staff team. This included annual basic life support, safeguarding and infection control.

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

The practice took part in the NHS Friends and family test. We reviewed the results for June and July 2016 and saw that the vast majority of patients said they were 'extremely likely' to recommend the practice to relatives.

Staff surveys were conducted periodically to gain feedback from staff and levels of satisfaction. We saw examples of where staff had provided feedback about work conditions and this was acted on.