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Abbey Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 30 June 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 not providing well-led care in accordance with the relevant regulations.

Abbey Dental Practice is located in Barking and provides NHS and private dental services.

The practice team included two principal dentists, five associate dentists, nine dental nurses, a practice manager and four receptionists. The general manager was also present on the day of inspection.

We reviewed 21 Care Quality Commission (CQC) comment cards completed by patients and spoke with three patients. They were positive about the care they received from the practice. They commented that staff were caring, respectful and helpful.

The practice manager 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.

Our key findings were:

- The practice had safe systems in place including for decontamination of dental instruments and health and safety.
- Staff understood their responsibilities in terms of identifying and reporting any potential abuse.
- Staff had received training appropriate to their roles and were knowledgeable about patient confidentiality.

Summary of findings

- Patients were able to make routine appointments when needed; however we found the practice did not always have an efficient appointment system in place to respond to patients' needs in the event of a dental emergency.
- The patient comment cards we reviewed indicated that patients were consistently treated with kindness and respect by staff.
- Risks such as those arising from incomplete staff recruitment checks had not been suitably identified and mitigated.
- Staff told us they were well supported by the management team. Improvements could however be made to undertake regular audits and use audits to improve the quality of service.

We identified regulations that were not being met and the provider must:

- Establish an effective system to assess, monitor and mitigate the risks including and not limited to those arising from incomplete staff recruitment checks and lack of up to date radiography training of all clinical staff.
- Ensure audits of various aspects of the service, such as radiography are undertaken at regular intervals to help improve the quality of service.

You can see full details of the regulations not being met at the end of this report.

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

- Review their appointment system and ensure there is a system in place to enable patients with a dental emergency to get an appointment in a timely manner.
- Review the practice's infection control procedures and protocols giving due regard to 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'.

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 practice had a system to assess and manage risks to patients. They had safe systems in place including for decontamination of dental instruments, health and safety, staff training, dental radiography and the management of medical emergencies. There was a safeguarding champion and staff understood their responsibilities in terms of identifying and reporting any potential abuse. Equipment was well maintained and checked for effectiveness.

Staff told us they felt confident about reporting incidents and accidents. There had been four incidents in the past year and had been appropriately followed and reviewed.

Are services effective?

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

Patients told us through comment cards that they were given time to consider and make informed decisions about which treatment option they wanted. This was confirmed by patients we spoke with on the day of the inspection. The provider ensured there were sufficient staff to meet patient needs.

Staff received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) had frequent continuing professional development (CPD) and were meeting the requirements of their professional development.

Are services caring?

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

We looked at 21 CQC comment cards patients had completed prior to the inspection and spoke with three patients. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity.

Are services responsive to people's needs?

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

Information regarding the practice opening hours was available in the premises and on the practice's website. We observed the waiting area and treatment rooms on the ground floor were large enough to accommodate patients with wheelchairs and prams and there were also disabled toilet facilities. There was a clear complaints procedure and information about how to make a complaint was displayed in the waiting area.

However we found areas that required improvements. We found the practice did not always have an efficient appointment system in place to respond to patients' needs in the event of a dental emergency. There were vacant appointments slots for urgent or emergency appointments each day. However, if a patient was not able to ring at 8.30am they were unlikely to get an appointment.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices at the end of this report).

Summary of findings

The practice had systems in place to seek and act upon feedback from patients using the service, including carrying out a patient survey. The provider ensured there were systems to monitor the quality of the service that were used to make improvements to the service. Staff demonstrated an awareness of the practice's purpose and were proud of their work and team.

We found that there was lack of an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from recruitment of staff.

Abbey Dental Practice

Detailed findings

Background to this inspection

An announced inspection was carried out on the 30 June 2015 by an inspector from the Care Quality Commission (CQC). They were accompanied by a dental specialist advisor.

Prior to the inspection we reviewed information we held about the provider and by other organisations.

During the inspection we toured the premises and spoke with the general manager, practice manager, associate dentists, and dental nurses. To assess the quality of care provided we looked at practice policies and protocols and other records relating to the management of the service.

We obtained the views of 21 patients who had filled in CQC comment cards and we spoke with three 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

There was a system in place for reporting and learning from incidents. There were four incidents recorded in the past year. We noted an incident which had involved a staff member had been followed up and reviewed. Staff understood the process for accident and incident reporting including the Reporting of Injuries and Dangerous Occurrences Regulations 2013 (RIDDOR).

People who use services are told when they are affected by something that goes wrong, given an apology and informed of any actions taken as a result.

Reliable safety systems and processes (including safeguarding)

The practice had a child protection policy in place. This provided staff with information about identifying, reporting and dealing with suspected abuse. The policy was readily available to staff. There was also a policy on safeguarding adults at risk; Staff had contact details for the local authority's child protection and adult safeguarding teams. The practice had nominated a staff member as safeguarding champion however the staff we spoke with did not know who this was. The practice manager told us this was due to recent staff changes and would now ensure the information was shared widely within the practice.

Safeguarding was identified as essential training for all staff to undertake. We saw records that staff had attended training in the past year.

The practice had safety systems in place to help ensure the safety of staff and patients. These included clear guidelines about responding to a sharps injury (for example from handling needles or sharp instruments). The practice used a re-sheathing device to support staff to dispose of needles safely.

There were adequate supplies of personal protective equipment such as face visors and heavy duty rubber gloves for use when manually cleaning instruments. The dentists undertook root canal treatment and told us rubber dam was used in line with guidance from the British Endodontic Society.

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. These were in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). An emergency resuscitation kit and an Automated External Defibrillator (AED) were available. (An AED is 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). Oxygen and medicines for use in an emergency were available and complied with latest recommendations from Resuscitation Council (UK) and the BNF. Records showed regular checks were made to help ensure the equipment and emergency medicines kit was safe to use.

Staff had completed training in emergency resuscitation and basic life support in the past year. Staff we spoke with knew the location of all the emergency equipment in the practice and how to use it. There was an appointed first-aider, and an easily accessible first aid kit.

Staff recruitment

The practice had a policy and documentation in place for the recruitment of staff which included seeking references, checking qualifications and professional registration.

The practice manager told us it was the practice's policy to carry out Disclosure and Barring service (DBS) checks for all staff. We looked at five staff files and found evidence that the DBS checks had been carried out in four of the files looked at, however a DBS check had not been carried out for a dental nurse. This member of staff joined the practice in the past four months. The practice manager told us there was an oversight in posting the DBS form.

Again, four of the staff files were incomplete in various aspects of the recruitment checks such as a curriculum vitae (CV), character references and health checks.

These checks provide employers with an individual's full criminal record and other information to assess the individual's suitability for the post.

The provider checked the professional registration for qualified clinical staff to ensure professional registrations were up to date.

Monitoring health & safety and responding to risks

The practice had arrangements to deal with foreseeable emergencies. A health and safety policy was in place. The

Are services safe?

practice had undertaken a number of risk assessments in order to identify and manage risks to patients and staff. For example, we saw risk assessments for radiation, electrical faults and fire safety, which were up to date.

The practice had a file relating to the Control of Substances Hazardous to Health 2002 (COSHH) regulations, including substances such as disinfectants. Hazardous substances were stored in a restricted area and staff were aware of this.

Infection control

The provider ensured there was a comprehensive infection control policy and set of procedures to help keep patients safe. These included hand hygiene, managing waste products and decontamination guidance. The practice had followed the guidance about 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)' and the 'Code of Practice about the prevention and control of infections and related guidance'.

Posters about good hand hygiene and the decontamination procedures were displayed to support staff in following practice procedures.

We looked around the premises during the inspection and found the treatment rooms appeared visibly clean. Instrument decontamination was carried out in a dedicated decontamination room. A dental nurse showed us the procedures involved in manually cleaning, rinsing, inspecting and sterilising dirty instruments; packaging and storing sterilised instruments. Staff wore appropriate protective equipment such as eye protection, heavy duty gloves and a mask while instruments were cleaned and rinsed prior to being placed in an autoclave (sterilising machine). However, an apron was not worn whilst cleaning instruments and non-linting cloth was not used for drying in accordance with HTM 01-05. An illuminated magnifier was used to check for any debris or damage throughout the cleaning stages. We saw instruments were stored in pouches and dated to indicate when they should be reprocessed, if left unused.

The practice had systems in place for daily, weekly, quarterly and annual quality testing most of the decontamination equipment and we saw records which confirmed these had taken place. There was no evidence that the ultra-sonic bath had received an annual quality test.

Records showed a risk assessment process for Legionella had been carried out in 2012. (Legionella is a germ found in the environment which can contaminate water systems in buildings). This ensured the risks of Legionella bacteria developing in water systems within the premises had been identified. Preventive measures had been recommended to minimise the risk to patients and staff of developing Legionnaires' disease. These included running the water lines in the treatment rooms at the beginning of each session and between patients and monitoring cold and hot water temperatures each month. We saw records that these tests and checks were being undertaken.

We observed waste was separated for disposal by a registered waste carrier and documentation was detailed and up to date. On the day of the inspection we found the external domestic waste bin overflowing with waste bags. We were told that the waste collector had missed a collection and that this had been followed up by the practice manager.

The practice had audited its infection prevention and control procedures in May 2015 to assess compliance with HTM 01-05. This audit is designed to assist all registered primary dental care services to meet satisfactory levels of decontamination of equipment.

Equipment and medicines

There were systems in place to check and record that all equipment was in working order. These included annual checks of electrical equipment such as portable appliance testing (PAT). Records showed contracts were in place to ensure annual servicing and routine maintenance work occurred in a timely manner. This helped ensure there was no disruption in the safe delivery of care and treatment to patients.

Medicines stored in the practice were reviewed regularly to ensure they were not kept or used beyond their expiry date. The practice had procedures regarding the prescribing, recording, dispensing and use of the medicines used in clinical practice. The batch numbers and expiry dates for local anaesthetics were recorded and these medicines were stored safely for the protection of patients.

Prescription pads were being stored securely and the fridge used to store medication was being temperature checked daily.

Radiography (X-rays)

Are services safe?

The practice maintained suitable records in their radiation protection file demonstrating the maintenance of the X-ray equipment. The file identified the radiation protection advisor (RPA) and radiation protection supervisor (RPS) for the practice.

We found there were suitable arrangements in place to ensure the safety of the equipment and we saw that the

local rules relating to each X-ray machine were available. The last X-ray quality assurance audit was carried out in 2011. However, there was no evidence of recent radiation training in one staff file which was for a dentist who had a certificate for training completed in 2012. The other staff file was that of a dental nurse and did not have any evidence of radiation training.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept electronic records of the care given to patients. We reviewed the information recorded in five patient dental care records about the oral health assessments, treatment and advice given to patients. We found these included details of the condition of the teeth and soft tissues lining the mouth and gums was documented. Records also showed assessment of the periodontal tissues was recorded using the basic periodontal examination (BPE) screening tool in accordance with Faculty of General Dental Practice (UK) (FGDP) Clinical Examination and Record Keeping guidelines. (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 practice was up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the dentists did use current National Institute for Health and Care Excellence (NICE) guidelines to assess each patient's risks and needs and to determine how frequently to recall them.

We found that there was justification for X-rays in accordance to guidance issued by the FGDP and Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000 about selection criteria for dental radiography.

Health promotion & prevention

Patients were requested to complete a medical questionnaire which included questions about smoking and alcohol intake. Appropriate advice was provided by the dentists. There was a limited range of literature providing information about effective dental hygiene and how to reduce the risk of poor dental health and these were not easily assessable to patients in the waiting area or reception as they were not kept in these areas.

Staffing

The practice had identified key staff training including infection control, radiation 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, and were supported to attend training courses appropriate to the work they performed. There were records of appraisals in the staff files we looked.

The provider ensured there were sufficient staff to meet needs and locum staff were available to cover staff absences.

Working with other services

The practice had a system in place to work with other professionals in the care of their patients where this was in the best interest of the patient. Referrals were made for patients requiring sedation or for further investigation. Copies of referral letters were kept and we saw evidence of this.

Consent to care and treatment

The associate dentists explained to us how valid consent was obtained for all care and treatment, which was documented in the patient's record. We reviewed a random sample of five clinical patient records. All records confirmed staff ensured patients gave their consent before treatment began and evidenced that treatment options, risks, benefits and costs were discussed with the patient and then documented in a written treatment plan. The CQC comment cards which had been completed by patients prior to the inspection indicated that patients had been given treatment options and felt they were given time to make decisions. This was also confirmed by the patients we spoke with.

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 associate dentists demonstrated an understanding of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. They explained how they would consider the best interests of the patient and involve family members or other healthcare professionals responsible for their care to ensure their needs were met.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We looked at 21 CQC comment cards patients had completed prior to the inspection and spoke with three patients. Patients were positive about the care they received from the practice. They commented they were treated with respect and dignity.

We saw privacy and confidentiality were maintained for patients using the service by ensuring discussions about care and treatment was always done in the surgery. Patients' dental care records were stored electronically and were password protected. There were some paper records which were stored in a lockable cabinet.

Staff we spoke with were aware of the importance of providing patients with privacy and told us there were

always rooms available if patients wished to discuss something with them away from the reception area. Treatment rooms were used for all discussions with patients.

Involvement in decisions about care and treatment

We did see evidence in the patient care records looked at that patients were always given a copy of their treatment plan and associated costs and allowed time to consider options before returning to have their treatment. The associate dentists told us they involved relatives and carers to support patients when required.

There was information on the practice website about the range of treatments available. There was also a NHS and private price list available at reception.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patient's needs

The practice provided patients with information about the services they offered on their website and we saw a patient information leaflet was available. We found the practice had an appointment system in place to respond to emergencies. Two vacant appointment slots were kept for each dentist daily. However, we were told that if a patient was unable to contact the practice at 8.30am they may not be able to get an appointment. If they had a dental emergency. One of the feedbacks we received mentioned that the patient had to wait 10 days to get an emergency appointment as they were unable to phone the practice until 9am. This meant the practice may not be able to respond to patients' needs in a timely manner. This was brought to the attention of the provider who assured us they would be holding an urgent staff meeting to discuss and put in place steps to ensure this issue was rectified.

Tackling inequity and promoting equality

The practice manager was aware of the Disability Discrimination Act 2010 (DDA). The practice was situated on the ground floor. Patients with pushchairs or wheelchair users had access into the practice. The layout allowed access to the reception area and a treatment room on the ground floor. There were also disabled toilet facilities. The practice did not have an audio loop system for patients with hearing impairments however staff told us they had access to interpreters.

The practice had an equality and diversity policy to support staff in understanding and meeting the needs of patients.

Access to the service

Information regarding the practice opening hours was available in the premises and on the practice's website. The practice answer phone message provided information on opening hours as well as on how to access out of hours treatment.

Concerns & complaints

The practice had a complaints policy and procedure in place for handling complaints which provided staff with guidance about how to support patients who may have wanted to complain. This did include contact details of other agencies to contact if a patient was not satisfied with the outcome of the practice investigation into their complaint.

We looked at the practice procedure for acknowledging, recording investigating and responding to complaints, concerns and suggestions made by patients. We found there was a system in place to promptly investigate and communicate with the patient. The practice had received eight complaints in the past 12 months. We found they had been investigated and staff had been provided with additional training such as customer services as a result.

Patients were encouraged to comment on the service they received and suggest improvements using a comments box available in the waiting area.

Are services well-led?

Our findings

Governance arrangements

The practice manager was responsible for the day to day running of the service and ensured there were systems to monitor the quality of the service. These were used to make improvements to the service. They led on the individual aspects of governance such as complaints, risk management and audits within the practice.

We looked in detail at how the practice identified, assessed and managed clinical and environmental risks related to the service provided. We saw detailed risk assessments and the control measures in place to manage those risks. However, risks such as those arising from incomplete staff recruitment checks had not been suitably identified and mitigated.

The practice undertook regular meetings involving the whole dental team and records of these meetings were retained.

Leadership, openness and transparency

The practice had a statement of purpose which outlined their aims and objectives and gave details of patients' rights. The staff 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. The culture of the practice encouraged candour, openness and honesty. Staff told us they felt confident about raising concerns or making suggestions.

Management lead through learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. The dentists and dental nurses 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]. The practice manager kept evidence that staff were up to date with their professional registration.

Staff told us they had good access to training and that 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 GDC. However, there was no evidence of recent radiation training update in one of the dentist's files and a file belonging to a dental nurse did not have evidence of training in this subject.

The practice audited some areas of their practice such as infection control twice yearly. Improvements could however be made to undertake regular audits such as those of radiographs and dental care records and use audits to improve the quality of service.

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

The practice had systems in place to seek feedback from patients using the service, including carrying out patient surveys.

The most recent patient survey carried out in January 2015 showed a good level of satisfaction with the quality of service provided.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The practice did not have effective systems in place to:</p> <p>Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Regulation 17 (1)(2)(b)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The provider did not have an effective recruitment procedure in place to assess the suitability of staff for their role. Not all the specified information as required in the Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to persons employed at the practice was obtained for staff at the time of recruitment.</p> <p>Regulation 19 (1), (2), (3)</p>