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# Belmont Park Dental Care

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 01 March 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**

Belmont Park Dental Care is an orthodontic practice located in the London Borough of Lewisham and provides predominantly NHS dental services. The demographics of the practice were mixed, serving patients from a range of social and ethnic backgrounds. The majority of the patients receiving treatment at the practice were children aged under 16 years.

The practice staffing consists of an orthodontist, a dental nurse and receptionist.

The practice is open from 8.00am to 12.30pm on Monday; 8.30am to 5.30pm on Tuesdays; 1.30pm to 5.45pm on Fridays and 8.30am to 12.30pm on Saturdays. The practice has use of a treatment room within another dental practice. It is located on the ground floor and the premises are wheelchair accessible and include a wheelchair accessible toilet for patients.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. 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.

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

We received 44 completed Care Quality Commission comment cards. Patient feedback was extremely positive about the service. Patients told us that staff were

# Summary of findings

professional and caring and treated them with respect. Some comments were completed by parents of children who had received treatment at the surgery. They commented that their children were treated in an age appropriate way and staff were caring towards their children when delivering treatment. They commented that the premises were always clean and tidy and they described the service as very good and providing an excellent standard of care.

## **Our key findings were:**

- Appropriate systems were in place to safeguard patients from abuse. Staff were trained to the appropriate levels for child protection.
- The provider had emergency medicines and equipment such as oxygen and an automated external defibrillator (AED) in line with national guidance.
- There was appropriate equipment for staff to undertake their duties, and most equipment was well maintained except for the servicing of the pressure vessel.
- All clinical staff were up to date with their continuing professional development.
- Patients' needs were assessed and care was planned in line with current guidance.
- Patients were involved in their care and treatment planning so they could make informed decisions.
- Governance arrangements were in place for the smooth running of the practice; and the practice had a structured plan in place to audit quality and safety which included the mandatory audits for infection control and radiography.

# Summary of findings

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

We always ask the following five questions of services.

### **Are services safe?**

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

The provider had systems in place to ensure patients were safeguarded from abuse. Staff were trained to the appropriate level for child protection and had completed adult safeguarding training.

Systems were in place for the provider to receive safety alerts from external organisations and they were shared appropriately with staff. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. The practice undertook risk assessments and there were processes to ensure equipment and materials were maintained and safe to use. Dental instruments were decontaminated suitably. Medicines and equipment were available in the event of an emergency. Pre-employment checks were carried out appropriately.

### **Are services effective?**

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

There were suitable systems in place to ensure patients' needs were assessed and care and treatment was delivered in line with published guidance. Patients were given relevant information to assist them in making informed decisions about their treatment and consent was obtained appropriately. Staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005.

The practice maintained appropriate dental care records and patient details were updated regularly. Information was available to patients relating to health promotion and maintaining good oral health.

### **Are services caring?**

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

Feedback from patients was positive. We received feedback from 44 patients via completed Care Quality Commission comment cards. Patients stated that they were involved with their treatment planning and able to make informed decisions and that staff acted in a professional manner. 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.

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

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

Patients had access to the service which included information available via the practice leaflet and website. Urgent on the day appointments were available during opening hours. In the event of a dental emergency outside of opening hours patients were directed to their dentist, the '111' out of hours' service or the hospital.

The building was wheelchair accessible and had appropriate facilities for patients with mobility problems. Information was available in accessible formats.

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

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

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

# Summary of findings

Governance arrangements were in place for effective management of the practice. Staff meetings were held informally where information was shared and opportunities existed for staff to develop. Audits were being conducted and demonstrated they were being used as a tool for continuous improvements. Staff received annual appraisals and told us they were confident in their work and felt well-supported.

# Belmont Park Dental Care

## 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 took place on 01 March 2016 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information submitted by the provider.

The methods used to carry out this inspection included speaking with the orthodontist, dental nurse and the receptionist. We also reviewed documents, completed

patient feedback forms and observations. We received feedback from 44 patients via completed Care Quality Commission comment cards. We were unable to speak with any patients during the inspection.

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 systems in place to receive safety alerts by email and ensure they were shared with staff working in the practice. The orthodontist was signed up to receive safety alerts by email. Any alerts received were shared with staff. Staff we spoke with confirmed they were made aware of relevant safety alerts.

There had not been any accidents recorded over the past 12 months. We discussed accident and incident reporting with the orthodontist and their explanations were in line with the practice policy.

We spoke with the orthodontist about the handling of incidents and the duty of candour. The explanation was in line with the duty of candour expectations. The example they gave us showed that the person affected was updated, received an apology and informed of the action taken and lessons learnt by the practice. [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].

Staff demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) Regulations and had the appropriate documentation in place to record if they had an incident. There had not been any RIDDOR incidents, within the past 12 months.

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

The orthodontist was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and children protection. We reviewed staff training records and saw that all staff had completed appropriate safeguarding training to the required level. Details of the local authority safeguarding teams were readily available to staff on the practice computer system. The relevant safeguarding escalation flowcharts and diagrams for recording incidents were also available to staff. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The system for managing medical histories was comprehensive. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

### Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in the dental practice. Medical emergencies drugs were stored securely and those requiring refrigeration were stored appropriately.

The practice shared the premises with another dental practice. The practice they shared facilities with were always open when the orthodontist was open so there were no issues with them being able to access equipment and medication in the event of needing them. We saw that medical emergencies medication was checked on a weekly basis and expiry of medication monitored. Staff also had access to emergency equipment on the premises including medical oxygen and an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm].

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

### Staff recruitment

There was a full complement of the staffing team. The team consisted of an orthodontist, a dental nurse and a receptionist.

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations (where applicable). We reviewed staff recruitment records and saw that all staff

# Are services safe?

had been working in the practice for a number of years and the appropriate checks at the time of employment were carried out. Employees employed more recently had all of the necessary pre-employment checks carried out.

We saw confirmation of all clinical staffs' registration with the General Dental Council (GDC).

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

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice. This included hazardous substances, manual handling and infection control. There was a business continuity plan that outlined the intended purpose to help staff overcome unexpected incidents and their responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. The plan also had details of where patients' information was stored off site in the event of losing it and details of a back-up surgery they could refer patients to if they had to close on short notice. Procedures were in place to enable them to respond to each situation. Where relevant, contact telephone numbers of organisations to contact were listed in the policy.

A health and safety risk assessment had been completed for the premises in December 2015 that covered various areas including assessing risks in the premises and equipment.

Fire drills were conducted every six months. The last fire drill was carried out in December 2015. The smoke alarms were checked by the landlord every three months. Fire evacuation procedures were displayed appropriately throughout the practice including the reception area.

## **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 dental nurse was the infection control lead.

There was a separate decontamination room. There were three sinks in the decontamination room in line with current guidance; one for hand washing and two were used for cleaning and rinsing dental instruments. The dental nurse 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 scrubbing; placing in a washer disinfectant (water temperatures were checked); 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.

There were two autoclaves. We saw records of all the daily and weekly checks and tests that were carried out on the autoclave to ensure it was working effectively. There was a washer disinfectant. We saw appropriate records that confirmed the protein tests and visual checks were being carried out in accordance with guidance.

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 each surgery and were stored appropriately until collection by an external company, every week.

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. Wall mounted paper hand towels were available.

The surgeries were 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. External cleaning staff had been appointed for the domestic cleaning at the practice.

An up to date external Legionella risk assessment had been carried out in September 2015. The results of the assessment were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. Purified water was used in dental lines and managed with a purifying solution. Taps were flushed daily in line with recommendations.

The practice carried out infection control audits every six months. We reviewed the last audit conducted in October 2015.

# Are services safe?

## Equipment and medicines

There were appropriate arrangements in place to ensure equipment was maintained. Service contracts were in place for the maintenance of equipment including the autoclave. There were two autoclaves and they had all been serviced in September 2015. The washer disinfectant was serviced in July 2015.

The practice had portable appliances and carried out PAT (portable appliance testing). Appliances were last tested in September 2015.

Medication was stored and monitored appropriately.

## Radiography (X-rays)

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. This included the critical acceptance test which was carried out in June 2013. The principal dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

All of the relevant staff had completed radiation training. Individual audits were completed for each X-ray unit and annual audits were carried out.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The orthodontist used current guidelines such as those from the National Institute for Health and Care Excellence (NICE) to assess each patient's risks. We saw that they were following current guidance; for example their recall rates were in line with recommendations. For patients under 18 years of age this included an assessment to identify if they met the criteria for free NHS treatment based upon the national index of treatment need (IOTN). (The IOTN is a national system in which patients are graded according to orthodontic need. Patients with a specifically defined score are eligible for free NHS treatment).

During the course of our inspection we checked a sample of dental care records to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies, previous orthodontic treatment, a social history recording habits such as eating and activity. The reason for visit was documented and a full clinical assessment was completed including a soft tissue check.

### Health promotion & prevention

We saw evidence that the orthodontist and dental nurse were proactive with giving patients health promotion and prevention advice in maintaining good oral health during orthodontic treatment. We found application of guidance issued in the DH publication 'Delivering better oral health; an evidence-based toolkit for prevention' when providing preventative oral health care and dental disease in a primary care setting.

There was a range of printed information available to patients in the waiting room and surgeries as well as posters on display in the patient waiting area.

### Staffing

All clinical staff had current registration with their professional body, the General Dental Council and were all up to date with 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]. Training completed included infection control, safeguarding and the Mental Capacity Act (2005). We saw numerous examples of opportunities that existed for staff for further training and to undertake courses in addition to the core and mandatory requirements.

### Working with other services

The practice had processes in place for effective working with other services this included referrals to the hospital and referrals they received from dentists. All referrals were made using a standard proforma. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral. We reviewed a referral that was made to the hospital and saw that the process was appropriate with relevant information being taken; information about the referral being recorded and saved on the patients' records and a system in place to monitor the outcome.

### Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. Consent was usually obtained verbally and recorded in patients' dental care records. A high number of their patients were children and consent from the parent was documented appropriately.

All clinical staff whom we spoke with demonstrated understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. Clinical and non-clinical staff gave us examples of when the MCA could be used and how it related to them in their role. [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 orthodontist 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**

We received feedback from 44 patients via Care Quality Commission comment cards. Feedback was very positive. Patients told us that staff provided a friendly, excellent and professional service and were caring. A high number of patients were children and we saw that they were treated in an age appropriate way. This included ensuring a parent/ guardian was present during treatment to put them at ease. Patients comment cards also reflected this with comments relating to the orthodontist being gentle and patient with children.

Staff told us that they ensured they maintained patients' privacy during consultations by closing doors and asking if they were comfortable. During our inspection we observed staff being respectful by ensuring that when patients were receiving treatment the door to the treatment rooms was closed and conversations could not be overheard in the surgery. We saw that reception staff made efforts to speak with lowered voices so conversations could not be overheard.

Patients' information was held securely electronically. All computers were password protected with individual login requirements

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

Patients commented that things were explained well and they were able to make informed decisions. Comments received confirmed that the orthodontists' explanations were thorough and communicated well. The orthodontist explained how they involved patients in decisions about their care and treatment. This included using visual aids and models to help them understand the diagnoses and proposed treatment. Discussions with patients and efforts to involve them were clearly documented in dental care records.

The practice also displayed costs of the treatment procedures in the waiting area. Treatment options were discussed with the benefits and consequences pointed out.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. The practice is open from 8.00am to 12.30pm Mondays; 8.30am to 5.30pm Tuesdays 1.30pm to 5.45pm Fridays and 8.30am to 12.30pm on Saturdays. Staff told us these times, particularly the early morning and Saturday openings, were reflective of patients' needs, particularly children of school age.

Emergency and non-routine appointments were available every day during opening times. If a patient had an emergency they were asked to attend the surgery, and would be seen as soon as possible. Alternatively they could visit the orthodontist at their other location for treatment.

### Tackling inequity and promoting equality

The practice was located on the ground floor and the building was fully wheelchair accessible. The practice manager gave us examples of when they had made reasonable adjustments to enable patients to receive treatment. This included accommodating children around school times and booking longer appointments for vulnerable patients and providing information in accessible formats such as large print and child friendly formats.

### Access to the service

The practice opening times were advertised in the practice leaflet.

Appointments were booked by calling the practice or in person by attending the practice. Patients' feedback did not indicate that they encountered any problems with booking an appointment and could usually get an appointment when required.

If a patient needed to see the orthodontist outside of normal opening times they were directed to contact their dentist or call the "111" out of hours' services. They were informed of the service via the recorded message on the practice answer machine.

### Concerns & complaints

At the time of our visit there had not been any complaints the past 12 months. The orthodontist explained their complaints policy and procedure and the explanations were thorough. Their explanations of how complaints would be handled were in line with their policy.

Staff we spoke with demonstrated knowledge of their complaints procedure, including knowing timescales for responding, and what to do in the event of a patient needing to make a complaint.

Information relating to complaints was readily available to patients. A copy of the complaints policy was displayed on the noticeboard in the reception area and copies of the complaints leaflet were also available from reception staff.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had a range of policies and procedures for the smooth running of the service which were available electronically or in paper format. This included recruitment policies, equal opportunities and complaints handling. Staff we spoke with confirmed that they knew how to access the practice policies.

Dental care records we checked were complete, legible and stored securely.

Staff told us that audits completed over the past 12 months included audits on infection control, record keeping and radiography. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. For example the aim of the record keeping audit was to ensure patients' details were recorded correctly and conversations and treatment was being documented appropriately.

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

Staff in the practice were clear about the lines of responsibilities and were confident in approaching the orthodontist to discuss issues if they needed to.

We discussed the duty of candour requirement in place on providers with the orthodontist 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. The practice also had a duty of candour policy for staff to refer to for further guidance.

### **Learning and improvement**

There was a focus on learning and we saw evidence that staff were supported to develop. The staff team was small and the orthodontist told us that they usually attended training together. They held structured practice meetings every six months however informal meetings were held almost daily. We spoke with both the staff and they confirmed that they had discussions daily which often included learning from events or updates on issues in the sector.

Staff confirmed that they found the team meetings useful and they received appropriate updates and were notified about events where lessons could be learnt. We reviewed the team meeting minutes and saw that relevant topics such as complaints, incidents and practice management were discussed.

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

The practice participated in the NHS Friends and Family Test (FFT) and also completed their own satisfaction surveys. Results from the FFT were collected monthly and analysed to pick up any patient feedback. We reviewed the results of the FFT and they were positive. The results of the practices' own survey were also very positive.