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Pavilion Dental Centre

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 28 July 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

Are services safe?

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

Are services effective?

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

Are services caring?

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

Are services responsive?

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

Are services well-led?

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

Background

Pavilion Dental is a NHS dental practice located in the London Borough of Lambeth. The patient population is

mixed, serving patients from a wide range of social and ethnic backgrounds. The practice opens Monday to Fridays at various times from 8.30am to 5.30pm and Saturdays from 10.00am to 2.00pm. The practice facilities include four surgeries, a decontamination area, toilet facilities (but not wheelchair accessible) and a reception and patient waiting area. At the time of our inspection there were five dentists, two dental nurses, one trainee dental nurses, a dental hygienist, practice manager and reception staff.

We received 41 completed comment card and spoke with three patients during our inspection. The feedback we received was positive about the service. Staff were described as efficient and friendly and patients generally thought the facilities were good.

Our key findings were:

- There were effective processes in place to ensure patients were safeguarded from the risks of abuse
- The practice had processes in place to reduce and minimise the risk of infection
- Patients' needs were assessed and treatment was planned and delivered in line with best practice guidance
- Patients felt involved in making decisions about their treatment and told us that staff were friendly and treated them with respect
- Clinical staff were up to date with their continuing professional development and opportunities were available for all staff to develop

Summary of findings

- The practice had appropriate equipment and medication available to respond effectively to a medical emergency
- There was an open culture and leadership was transparent.

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

- Ensure all staff are aware of their responsibilities under the Mental Capacity Act (MCA) 2005 as it relates to their role.
- Monitor and record the temperature of the fridge where dental products and medicines are stored to ensure temperatures remain within the recommended range.
- Ensure that governance arrangements such as policies and procedures are reviewed and updated periodically to ensure they are relevant and effective

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.

Staff had completed safeguarding training and demonstrated an awareness of safeguarding issues. Systems were in place for safety alerts to be received and they were disseminated to staff appropriately. Processes were in place to encourage learning from incidents and these were shared amongst the staff team. The practice carried out risk assessments and there were processes to ensure equipment and materials were maintained and safe to use. Medicines and equipment were available in the event of an emergency. Medicines were stored appropriately however a thermometer was not used to measure the temperature of the fridge. Improvements could also be made to the staff recruitment and selection processes.

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. However we found that not all staff were fully following published guidance, such as the National Institute for Health and Care Excellence guidance, when treating patients. Patients were given information to assist them in making informed decisions about their treatment. Referrals were made and followed up appropriately.

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

Are services caring?

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

We received 41 completed Care Quality Commission (CQC) comment cards and spoke with patients during the inspection. Patients told us that staff were friendly and courteous and listened to them. Staff were described as professional and patients said they took time to explain treatment to them so they could make informed decisions.

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 Saturday appointments. Information was available via the NHS choices website. Urgent appointment slots were available on the day if patients required them and patients were given details of the NHS '111' out of hours' service if the emergency was outside of the service opening times. Details of how to make a complaint were made available to patients. This included providing a copy of their written procedure if requested.

Are services well-led?

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

Governance arrangements existed and there were policies and procedure for staff to refer to for the effective and smooth running of the practice. This included health and safety and infection control policies. Practice meetings were held monthly and staff were updated more often if required. Management lead with openness to create a culture of transparency in the organisation. Management structures were clearly defined and staff knew who to go to in the event of needing to see assistance from management. Staff had access to training and development opportunities and told us they felt supported and that leadership was good.

Pavilion Dental Centre

Detailed findings

Background to this inspection

The inspection took place on the 28 July 2015 and was undertaken by a CQC inspector and a dental specialist adviser.

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

The methods used to carry out this inspection included speaking with the dentist, dental nurse, hygienist and reception staff on the day of the inspection, reviewing 41

CQC comment cards, speaking with patients, reviewing documents and making observations. Patients we spoke with, and those who completed comment cards, were positive about the care they received from the practice.

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 were processes in place for safety alerts to be received and shared with staff in the practice. The principal dentist gave us examples of alerts that had been received such as for the Ebola outbreak and flu epidemics. Alerts were received from a range of sources including NHS England and Medicines and Healthcare products Regulatory Agency (MHRA). Information was shared with staff through programmed staff meetings or informal meetings if necessary.

The practice had not had any Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) incidences; however they had all the appropriate paperwork available in the event of one occurring.

There had been one incident in the past 12 months. We reviewed the incident and saw that the incident had been investigated and discussed at the last team meeting. The principal dentist explained the learning that had been derived from the incident and this was in line with our expectations under the duty of candour.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead. There was a safeguarding policy that covered both adults and children. The policy had the details of the local authority contacts for safeguarding, picture chart for recording and template letters to send to health visitors if they had any concerns. They also had a safeguarding flowchart to assist staff in escalating concerns in the correct way.

All staff in the practice had completed adult safeguarding and child protection training in the last two years. Staff we spoke with demonstrated that they understood and could identify signs of potential abuse situations. Some staff gave us examples of what they would look for which demonstrated this.

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

Medical histories were taken and included details of current medication, known allergies and existing medical conditions. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories, though obtained were not always saved in the same location by the clinicians and they did not always use the system appropriately to ensure the relevant alerts were in place. For example, if a patient had an allergy, due to the inconsistency in the recording process this may have been recorded in their clinical notes and on the medical history form but the alert was not flagged on the computerised record system. We spoke with the principal dentist about this and they agreed that staff would be reminded of the importance of ensuring information was updated appropriately.

Medical emergencies

The provider had appropriate arrangements to deal with medical emergencies. There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. Medicines were stored appropriately, and all were within their expiry date. Medicines were checked on a monthly basis and expiry dates were closely monitored. Medication and products that required refrigeration were stored in the fridge however there was no thermometer to measure the temperature. We spoke with the principal dentist about this and they were unaware that a thermometer was required. They assured us that one would be purchased as a matter of urgency.

Staff also had access to emergency equipment on the premises including an automated external defibrillator (AED) in line with Resuscitation Council Guidance 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]. Medical oxygen was available with all the correct masks and tubing and was checked every day the practice was open.

All staff had completed recent medical emergencies training, and it was repeated annually. All staff we spoke with were aware of where to locate medical emergency equipment and medication.

Staff recruitment

Are services safe?

The staff team consisted of five dentists, two dental nurses, one trainee dental nurse and administration staff including a practice manager.

The practice had a selection and recruitment policy that outlined how staff were recruited and the pre-employment checks that were carried out before someone could commence work in the practice.

We reviewed staff files and saw that pre-employment checks were carried out before staff commenced work in accordance with their current policy. This included checking identity, obtaining references, registration evidence (if clinical staff), obtaining details of previous work history and completing a disclosure and barring services (DBS) check for clinical staff.

The practice had recently made changes to their employment and selection processes. One of the changes included a decision to carry out disclosure and barring service checks on non-clinical staff. We saw that DBS checks had been carried out for all non-clinical staff in the week before our inspection. We spoke with the principal dentist about other areas they were strengthening and dentist outlined the other areas where changes were being made. This included making improvements to the application form details and also amending the contract of employment. These changes were sufficient to make the process more effective.

All clinical staff had the required registration with the General Dental Council (GDC) to carry out their duties. The majority of the staff team had been qualified for a while and were experienced members of the team.

Monitoring health & safety and responding to risks

The practice had arrangements in place to deal with foreseeable emergencies. The business continuity plan covered a range of situations including what to do in the event of a total loss of IT system, disaster recovery and flooding.

The practice had a health and safety policy that covered a range of safety aspects. We saw that the practice periodically carried out risk assessments. The most recent being a health and safety risk assessment and a fire risk assessment, both carried out in July 2015. Both risk assessments had identified risk areas and set actions of how to minimise them from occurring

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.

Staff were following the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance from the Department of Health, and there was a copy in the surgeries for quick reference. One of the nurses was the infection control lead.

There was a decontamination area for sterilising instruments and instruments were washed in the surgery. There was a designated area in the surgeries for cleaning instruments. There was only one sink in the surgery. We discussed the risks associated with only having one sink and not using a separate bowl for rinsing. The practice got a bowl immediately and assured us a bowl would be used in the future. One of the dental nurses gave a demonstration of the decontamination process. This included manually washing used instruments in the surgery; and then carrying them in a lidded box in a basket to the decontamination area where they were inspected under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required). The instruments were dried with a lint free cloth, pouched and placed in a vacuumed autoclave; and date stamped on completion, so expiry was clear. After the decontamination process the clinical staff used a dedicated hand-washing sink in the surgery to wash their hands. We saw that correct personal protective equipment was worn during the decontamination process and appropriate levels of stock were maintained.

We reviewed the records of the daily, weekly and monthly checks carried out to sterilising equipment (autoclave) to ensure it was working effectively. The checks and tests were in line with guidance recommendations and included annually servicing.

We saw confirmation that all staff were immunised against blood borne viruses. The practice had blood spillage and mercury spillage kits. The segregation and storage of dental waste was in line with guidance. There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored appropriately and collected every two weeks. We saw the consignment notes to verify this.

Are services safe?

Containers were correctly assembled and labelled and were not over full. Staff we spoke with understood the practice's sharps injury policy and were able to explain that they would do in the event of a sharps injury.

The surgery was visibly clean and tidy. Paper hand towels and hand gel was available and clinical waste bins were foot controlled. The dental nurses cleaned all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings and wiping down all surfaces and the dental chair in-between patients.

The provider was a tenant in the building and as such responsibility for the Legionella risk assessment was with the landlord. The risk assessment was carried out on in June 2014 and was due to be re-tested in June 2016. The provider confirmed that the results of the last test was negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The dental lines were maintained and cleaned weekly with a purifying agent. Taps were flushed daily in line with recommendations.

An Infection Prevention Society (IPS) infection control audit had been carried out in July 2015 and no issues had been identified.

Equipment and medicines

The practice had appropriate maintenance and service contracts in place for equipment. Equipment used included x-rays, autoclave and dental chairs. The autoclave servicing was up to date as was the pressure vessel certificate. Portable appliance testing was carried out every two years.

Medicines were stored in a locked cabinet.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X-ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in both treatment rooms where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. The principal dentist was the radiation protection supervisor (RPS). All clinical staff including the RPS had completed radiation training. X-rays were graded and audited as they were taken.

The practice carried out annual radiograph audits. We saw that audits were up to date.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was generally delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) guidance and Delivering better oral health toolkit. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting. However we did see some examples of where clinical staff were not always following guidance, such as not recording recall intervals. We discussed this with the principal dentist and they agreed that this would be addressed with closer supervision and more frequent audits of dental care records.

During the course of our inspection we checked dental care records to confirm the findings and saw evidence of comprehensive assessments and treatment plans being carried out. Most assessment included an up to date medical history outlining medical conditions and allergies. However clinicians were recording the information in different locations on the system and not using the alerts (i.e. if a patient had an allergy) so sometimes it was not easy to find information.

Records documented that consent had been taken, smoking/ dietary advice had been given, radiographs and grading had been completed and treatment options discussed. A basic periodontal examination (BPE) was undertaken using the screening tool and this was usually documented in patients' notes. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums.)

Health promotion & prevention

The principal dentist told us that health promotion and prevention was always discussed with their patients to ensure good oral health. We checked dental care records and saw that it was well documented in patients' notes by the dentist who saw them. The dentists were also pro-active in linking patients in with the smoking cessation service offered by the GP surgery they shared the premises with.

There were oral health posters in the reception area and samples of electric toothbrushes, toothpaste and other oral health care products.

Staffing

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

Development opportunities existed for all staff. Staff we spoke with confirmed that they felt there were enough opportunities to attend training course that were self-identified or identified through their appraisal. They were also very confident about going to the principal dentist or the practice manager if they felt they needed support or wanted to discuss opportunities.

Working with other services

The practice worked with a range of other professionals to ensure that patient' needs were met. This included referring patients to orthodontists, specialists and the local hospitals. They also worked closely with the GP located on site and a drug and alcohol project located close by.

The dentist explained that there were processes in place to ensure that referrals made between these services were comprehensive. This included ensuring the referral letter had details of the reason for referral, medical history, social history and personal contact details. The principal dentist explained the referral processes between services and we saw that these processes promoted a person centred approach to patient care.

We reviewed paperwork for a referral made to the hospital. We saw that all relevant information was passed on and the dentist had been updated on the progress of the treatment.

Consent to care and treatment

All staff working in the practice had completed Mental Capacity Act (MCA) 2005 training in 2013. [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]. Staff we spoke with understood

Are services effective?

(for example, treatment is effective)

their responsibilities under the Act. However some staff we spoke with were not fully confident in when a best interest meeting would need to be held or when as a clinician they could make a decision on behalf of their patient. The principle dentist told us that staff were due a refresher soon. In any event if they had a patient who lacked capacity they would always refer to guidance if they were in doubt.

Consent was obtained verbally from patients and documented in their clinical notes. Written consent was obtained for some more complex procedures. We checked dental care records and saw that consent was documented appropriately.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received 41 completed CQC comment cards and spoke with three patients on the day of the inspection. Feedback was generally positive and patients were complimentary about the staffing team describing them as friendly, professional and caring. Patients we spoke with told us that they always felt respected and had never had any issues with privacy.

We observed interaction of patients and reception staff in the waiting room and saw that staff interacted well with

patient speaking to them in a caring and helpful manner. We observed that consultations were in private and dentists closed the door when they had a patient in the consultation room.

Patients' information was stored securely on password protected computers with individual logins.

Involvement in decisions about care and treatment

Feedback from patients confirmed that they felt involved in decisions about their care and treatment. They said that the dentists outlined treatment options and gave them information to make informed decisions. We noted evidence that staff documented appropriately when they discussed treatment options with patients.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice was open at various times throughout the week including opening and offering appointments on Saturdays. Staff told us that the appointment times were reflective of patients' needs. Patients experiencing pain and in need of an urgent appointment were always offered an appointment on the same day.

The practice was proactive in gaining patients views and used this information to respond to needs that patients identified. For example they collected compliments and comments and also carried out an annual patient survey.

Tackling inequity and promoting equality

The patient population was very mixed but mainly patients from English, Caribbean and African backgrounds. The majority of patients spoke English fluently so there was not a high demand for interpreters. The staff team were multi lingual and spoke a variety of languages including Somali and Nepalese. They had frequent attendance from patients of Chinese origin and as a result they had produced medical history forms in Chinese to cater to their needs. In the event of a patient speaking another language staff had access to language line.

The practice was located in a medical centre and set out on one level, with step free access to the building. There was not a disabled access toilet in the practice however they had access to the wheelchair accessible toilet in the GP surgery that was located at the other end of the building.

The practice had a high number of patients registered with them who had substance misuse issues. This was due to a substance misuse service being located close by. The practice planned for this by ensuring appointments were prioritised and arrangements were put in place to make the appointments process easier for them.

Access to the service

The practice opening times were displayed on the practice door and on the NHS choices website. Details of the local hospital and NHS '111' out of hours service were on the practice answer machine so patients knew where to go if they needed treatment out of hours. Patients we spoke with on the day had called the practice out of hours and confirmed they had found out where to go because of the clear information on the answer machine. We observed that there was also a sign in the patient reception area giving the information.

Patients had access to emergency appointments on the day. Specific appointment slots were left everyday so patients could access appointments in an emergency.

Concerns & complaints

There was a complaints policy and procedure in place to ensure all complaints were investigated appropriately and resolved. At the time of our visit the practice had received five complaints in the past 12 months. We reviewed all the complaints on the log and saw that they had been analysed, action taken and learning implemented documented on the log.

Are services well-led?

Our findings

Governance arrangements

There were a range of policies and procedures governing arrangements in the practice. We found that some policies needed improvements. For example the recruitment and selection policies needed to be more clear to ensure all the checks carried out pre-employment ensured that staff were of suitable character to work in the practice, or to enable the provider to put processes in place to monitor their suitability once employed. The principal dentist had identified this and as a result had recently started completing disclosure and barring services checks on non-clinical staff. The principal dentist also sent us a copy of the risk assessment and review of their recruitment and selection policies to ensure staff recruited and working in the practice were of suitable character. The information sent to us evidenced that they had appropriate arrangements in place to ensure staff selection and recruitment procedures were effective.

All staff we spoke with were clear about their roles and responsibilities and who to go to in the organisation for guidance and information.

The practice had a comprehensive programme in place for auditing the service for continuous improvements. Completed audits included bi-annual audits of digital radiography, clinical waste audit and prescribing audits. We reviewed an audit of antimicrobial prescribing. The aim of the audit was to see if prescribing by dentists followed guidelines by the Faculty of General Dentist Practice. The audit was carried out on 20 patients prescribed with the medication in the past six months. As a result of the audit the practice changed their prescribing of one of the antibiotics they prescribed and also drew up an action plan which included drafting a policy of prescribing for antimicrobial so that prescribing amongst the dentists was consistent.

Leadership, openness and transparency

The practice did not have a written mission statement however the principal dentist outlined that their aim was to treat patients in a caring environment and encourage staff by leading by example. Staff were made aware of expectations at team meetings where the ethos was talked about. We saw minutes of a team meeting where this was discussed.

From our observations we could see there was a culture of openness and transparency within the practice. The principal dentist was open with us about the area of the practice that required improvements and said they exhibited this transparency with staff and patients.

Staff we spoke with felt that the practice was run well and leadership structures were clear. They spoke positively about the principal dentist and were happy working in the practice. We saw that the leadership was in line with expectations under the duty of candour. [Duty of candour is a requirement on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Learning and improvement

We saw that incidents, near misses and complaints were discussed at team meetings and learning outcomes shared with the team. For example, an incident that occurred earlier in the year was discussed in the April 2015 team meeting.

The principal dentist told us that appraisals were carried out annually. We reviewed staff files and saw that appraisals were being carried out for most staff; however some staff had not had appraisals in over a year. Training and development needs were self-identified through appraisals

Practice meetings were held regularly on a monthly basis. We reviewed meeting minutes and saw that topics such as policy and procedure reviews, training, staffing issues and patient satisfaction were discussed. Staff we spoke with told us that they found the staff meetings useful for updates.

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

The practice completed annual patient satisfaction surveys. We reviewed the results of the surveys completed from March to May 2015 (the provider had not analysed their most recent surveys). The results were very positive and overall patient satisfaction was high. Areas feedback was sought on included satisfaction with the dental visit and diagnosis and treatment information. The practice also used the survey to gain feedback about improvements. We saw that areas identified by patients that required improving included waiting times and staff friendliness. We

Are services well-led?

reviewed the notes of the team meeting where these issues were discussed and actions planned to improve This included a refresher for staff in customer services and staff being more pro-active in making patients aware when they had to wait.

Staff told us that they were given opportunities to give feedback. All the staff we spoke with felt confident to be able to do this.