

Mr. Wai Yeap

West Norwood Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 November 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

West Norwood Dental Surgery is a NHS dental practice in Lambeth. The practice is situated in a converted residential property. The practice is set out over two floors and has one dental treatment room, a patient waiting room with reception, a separate decontamination room for cleaning, sterilising and packing dental instruments and a staff office.

The practice is open 10.00am to 3.00pm Monday, Wednesday and Thursdays. The practice is also open on Tuesday and Fridays for administration purposes although if a patient had a dental emergency they would be seen on these days.

The practice staffing consisted of one dentist and a dental nurse.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the practice is run.

Before the inspection we sent Care Quality Commission comment cards to the practice for patients to complete to tell us about their experience of the practice. We received feedback from 49 patients via completed comment cards. Patients provided a positive view of the services the

Summary of findings

practice provides. They commented on the quality of care, the friendliness and professionalism of all staff, the cleanliness of the practice and the overall quality of customer care.

Our key findings were:

- Both staff had been trained to handle emergencies and appropriate medicines and life-saving equipment was readily available in accordance with current guidelines. Some of the recommended equipment however was not available.
- The practice appeared clean and well maintained.
- Infection control procedures were in place however audits were not being completed.
- The principal dentist was the safeguarding lead.. Both staff members demonstrated knowledge of safeguarding.
- The practice had a system in place for reporting incidents which the practice used for shared learning.
- The dentist provided dental care in accordance with current professional and National Institute for Health and Care Excellence (NICE) guidelines.
- Governance arrangements were in place however not all risks associated with carrying out regulated activities were being considered.
- The service was aware of the needs of the local population and took these into account in how the practice was run.
- Patients could access treatment and urgent and emergency care when required.
- Staff recruitment files were in order and included relevant pre recruitment documents such as, CVs and references.
- Staff had the opportunity to attend learning and training events.
- The dental nurse we spoke with felt well supported by the practice owner and both staff members were committed to providing a quality service to their patients.
- Feedback from patients gave us a positive picture of a friendly, caring and professional service.

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

- Review governance arrangements to ensure there are effective systems established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities, including the storage of dental care records. Review availability of equipment and staff training to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's infection control procedures including assessment of legionella 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.
- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's audit protocols of various aspects of the service, such as radiography and dental care records at regular intervals to help improve the quality of service. Practice should also check, where applicable audits have documented learning points and the resulting improvements can be demonstrated.

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.

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

Dental instruments were decontaminated suitably, although the infection control procedures needed improvement to be in accordance with current national guidance, for example the decontamination room was not set up in accordance with guidance. Medicines were available in the event of an emergency. There was medical oxygen and staff had access to an automated external defibrillator (AED) in the event of a medical emergency. However they did not have other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. Regular checks were carried out to the defibrillator and oxygen cylinder.

No action



Are services effective?

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

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. Referrals were made appropriately.

Staff were up to date with their CPD requirements.

The practice maintained dental care records, although the dentist was not always documenting discussions of consultations fully in patients' records. Patient details were updated regularly. Information was available to patients relating to health promotion and maintaining good oral health.

No action



Are services caring?

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

We received feedback from 49 patients via completed Care Quality Commission comment cards. Feedback from patients was positive. They described staff as friendly and professional.

Patients stated that they were involved with their treatment planning and were able to make informed decisions. Patients referred to staff as being caring, empathetic, and professional and treating them with dignity and respect. They felt involved in their treatment and gave examples of where staff had ensured they understood treatment.

No action



Summary of findings

Are services responsive to people's needs?

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

The service was aware of the needs of the local population and took those into account in how the practice was run. Patients could access appointments and urgent and emergency care was provided when required.

The practice had level access into the building but the dental surgery was not wheelchair accessible. Staff told us that they had a list of other practices in the local area that were wheelchair accessible which they could refer people to.

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

No action



Are services well-led?

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

Governance arrangements were in place for the management of the practice. The practice held various meetings and discussed issues informally. Staff told us they were happy with the way information was shared with them and arrangements that existed for them to be informed. Audits were not being completed regularly. Risks associated with carrying out regulated activities were not fully assessed; risk assessments and servicing of equipment was being carried sporadically.

No action



West Norwood Dental Surgery

Detailed findings

Background to this inspection

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

The inspection was carried out on 18 November 2016 by a CQC inspector who was supported by a specialist dental adviser. Prior to the inspection, we asked the practice to send us some information that we reviewed. This included the complaints they had received in the last 12 months, their latest statement of purpose, and the details of their staff members including proof of registration with their professional bodies.

During the inspection, we spoke with the principal dentist and the dental nurse, reviewed policies, procedures and other documents. We received feedback from 49 patients via comment cards that we had asked patients to complete.

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

Staff demonstrated an awareness of general incident reporting and RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013). The practice had an accident and reporting policy with associated forms to complete in the event of an accident.

The practice reported that there had not been any accidents over the past 12 months. There was an accident book to record accidents if they occurred.

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

The practice received national patient safety alerts such as those issued by the Medicines and Healthcare Regulatory Authority (MHRA). The principal dentist received the alerts and maintained a file of all relevant alerts.

Reliable safety systems and processes (including safeguarding)

The principal dentist was the safeguarding lead and acted as a point of referral should staff encounter a child or adult safeguarding issue. The practice had a copy of and followed the local authority policy and procedure for handling safeguarding issues. Relevant contacts for reporting safeguarding concerns outside the practice were available to staff in the policy and procedure file. Training records showed that staff had received safeguarding training for both vulnerable adults and child protection to level two although refresher training was required.

Dentists were responsible for the disposal of used sharps and needles. A practice protocol was in place should a needle stick injury occur. The systems and processes we observed were not wholly in line with the current EU directive on the use of safer sharps; however the dentist told us they would ensure they got up to date with legislation.

The dentist was not carrying out root canal procedures. If patients required this treatment they were referred to specialists.

Medical histories were reviewed at each subsequent visit and updated if required. 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

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

The practice had in place emergency medicines as set out in the British National Formulary guidance for dealing with common medical emergencies in a dental practice. The practice had access to oxygen however they did not have other related items such as manual breathing aids and portable suction in line with the Resuscitation Council UK guidelines. The ambu-bag was also in need of repair. The emergency medicines and oxygen cylinder we saw were all within their use by date and stored in a central location known to all staff. Emergency medicines were checked on a weekly basis.

Staff recruitment

The team consists of a principal dentist and dental nurse.

Both staff had current registration with the General Dental Council the dental professionals' regulatory body. The practice had a recruitment policy that detailed the checks required to be undertaken before a person started work. These checks included for example, proof of identity, a full employment history, evidence of relevant qualifications, adequate medical indemnity cover, immunisation status and references. We reviewed seven staff files and saw that all files were up to date with relevant information including interview notes and copies of curriculum vitae and references.

We saw that staff had received appropriate checks from the Disclosure and Barring Service (DBS). [These are checks to

Are services safe?

identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable].

Monitoring health & safety and responding to risks

The practice had a health and safety policy, to monitor health and safety risks to patients, staff and others.

The practice carried out a practice risk assessment every six months. The assessment included looking at external access, internal condition, records and storage of waste and general risks. The assessment had been carried out in July 2016.

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

There was a fire risk assessment which had been completed in July 2016 and was updated annually. The practice did not have smoke alarms but had fire extinguishers. We discussed the absence of smoke alarms and the principal dentist agreed that they would look into getting smoke alarms to alert them in the event of a fire. Fire drills were carried out annually.

Infection control

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

There was a separate decontamination room however the flow of the room was not 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). Instruments were manually cleaned in the decontamination room and then taken out of the room to another area to be inspected 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 was one autoclave. The logs from the autoclave provided evidence of the daily and weekly checks and tests that were carried out on the autoclave to ensure it was working effectively. The practice did not have records available of the monthly or annual checks.

Staff were immunised against blood borne viruses and we saw evidence of when they had received their vaccinations. Clinical waste bins were assembled but not labelled correctly in the surgery and decontamination room. Clinical waste was stored appropriately in a secure external area until collection by an external company, every month.

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

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

Legionella testing and checking of water temperatures was being carried out by the principal dentist. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings].

The practice was carrying out infection control audits annually however they were using an out of date template which did not reflect changes in infection control procedures in the past few years.

Equipment and medicines

The practice had portable appliances and carried out PAT (portable appliance testing) in April 2011. The principal dentist advised us that they knew it was overdue and planned to arrange for it to be completed as a matter of urgency. There was a written scheme for examination for autoclave and the compressor but no regular servicing. The principal dentist advised us that they carried out their own maintenance checks of equipment. We discussed the need for an appropriate servicing contract to be in place for equipment. The principal dentist confirmed this would be set up as soon as possible.

Radiography (X-rays)

Are services safe?

The practice had a radiation protection file. The principal dentist was the radiation protection supervisor (RPS) and the practice had an external radiation protection adviser (RPA).

The radiation protection file evidenced that the equipment was being serviced in line with manufacturer's recommendations. Critical examination testing had also been completed in June 2013 but there was no servicing history for the X-ray.

The dentist had completed Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000 (IRMER) training in line with their CPD requirements. X-ray audits have been completed in July 2016 but there was no analysis.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The principal dentist told us they carried out consultations, assessments and treatment in line with recognised general professional guidelines. They described to us how they carried out their assessment of patients for routine care. This included the patient being asked to complete a medical history questionnaire disclosing any health conditions, medicines being taken and any allergies suffered. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues. Following the clinical assessment the diagnosis was then discussed with the patient and treatment options explained in detail. A treatment plan which included where applicable the costs involved was then given to the patient.

Dental care records were not always reflective of the treatment given. Whilst the dentist told us how they carried out assessments, this was not always reflected in dental care records. We discussed this with the dentist and they assured us that they would ensure dental care records were more comprehensive and reflective of consultations.

Health promotion & prevention

We saw evidence that the dentist was giving patients health promotion and prevention advice.

Preventative advice included tooth brushing techniques and dietary advice. Dental care records we observed demonstrated that the dentist had given oral health advice to patients.

A range of dental hygiene products to maintain healthy teeth and gums were available for patients; these were available in the reception area. Underpinning this was a range of leaflets available to patients explaining how patients could maintain good oral health.

Staffing

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

Working with other services

The practice had processes in place for effective working with other services. There was a standard template for referrals such as orthodontists and oral surgery. Information relating to patients' relevant personal details, reason for referral and medical history was contained in the referral.

Consent to care and treatment

We spoke with the principal dentist about how they implemented the principles of informed consent. The dentist had an understanding of consent issues.

Staff demonstrated sufficient knowledge of understanding of Gillick competency and the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them]. Most staff had completed recent mental capacity Act training.

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

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The treatment rooms provided patient privacy and conversations between patients and dentists could not be heard from outside the treatment room. Staff told us that the door was always closed when patients were being treated to maintain privacy.

Before the inspection, we sent Care Quality Commission (CQC) comment cards so patients could tell us about their experience of the practice. We received feedback from 49 patients which included the completed CQC patient comment cards. The feedback provided a positive view of the service the practice provided.

Patients provided positive examples of how they had been respected and treated with dignity. Patients commented that the service and quality of care they received was good.

Involvement in decisions about care and treatment

The patient feedback we received confirmed they felt involved in their treatment planning and received enough information about their treatment. Patients commented that treatment was explained well.

Information relating to costs was printed on the patient leaflet and patients were also given a copy of the NHS charges leaflet.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Staff gave us various examples of how they responded to patient's needs. For example, the practice had amended their opening times and introduced evening appointments on a Thursday in response to patients who said they found it difficult to get back from work on time for appointments. They also booked longer appointments for nervous patients and book appointments at quieter times of day for older patients who feel vulnerable when travelling during busy periods.

Staff told us the practice was not a very busy practice so there was usually appointment slots available each day to accommodate emergencies and non-routine appointments. Any patient who called and reported that they were experiencing pain were asked to attend the surgery and would be seen as soon as possible.

Tackling inequity and promoting equality

The local population was diverse with a mix of patients from various cultures and background. The staff team was multi lingual and spoke various languages including Mandarin, Cantonese and Ghanaian, and this accommodated some of their patients. Staff also had access to translation services.

The practice was set out over three levels and the entrance had a small slope. The dental surgery was not accessible to

people in wheelchairs as there were steps leading up to it. The practice had a list of practices in the local area that were which they could refer patients with restricted mobility to.

Access to the service

The practice was open 10.00am to 3.00pm Monday, Wednesday and Thursdays. The practice is open on Tuesday and Fridays for administration purposes. Patients could access the practice to make appointments for emergency dental treatment. When the practice was close the answerphone prompted them to contact the principal dentist. The principal dentist would then decide if he could see them or refer them on.

The practice leaflet also gave details of their opening times and how to access emergency treatment.

Concerns & complaints

There had not been any formal complaint in the past 12 months. We reviewed the complaints policy and spoke with staff about the handling of complaints. Appropriate action had been taken in responding to the complaint which included a full explanation being given to the patient and an apology if required.

The practice had received one complaint through a comment on their NHS choices website. The principal dentist explained that they had investigated the allegations and explained the changes they had made in the practice as a result of the issues raised. The response was in line with expectations.

Are services well-led?

Our findings

Governance arrangements

The practice maintained a range of policies and procedures. They were accessible to staff through a central file. This included health and safety, safeguarding and staff recruitment.

Dental care records were paper copies stored in filing cabinets in the reception which was sometimes left unattended. There were three filing cabinets with patients records but only two had a lock to make them secure. We discussed this with the principal dentist and they assured us they would ensure the information was stored securely and possibly relocated.

Staff told us that audits completed over the last 12 months included audits on infection control and waste management. We did not see any audits beyond this. We reviewed the audits and saw that the aim of the audit was not always clearly outlined and learning outcomes were not documented. We discussed the importance of having an effective system in place for auditing and learning points to be documented. The principal dentist advised us that they would review the process of auditing in the practice.

Risks associated with undertaking dental procedures and the use of equipment was not fully recognised. For example equipment was not serviced regularly and risk assessments were not being carried out periodically.

Leadership, openness and transparency

The staff team was very small and told us they worked well together. They were clear about their lines of responsibilities and leadership was clear with the principal dentist having a clear presence.

We discussed the Duty of Candour requirement in place on providers with the principal dentist 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. We saw evidence of this through our review of team meeting minutes.

Learning and improvement

The practice held staff meetings monthly although the staff team was very small so they tended to have informal discussions every day. We reviewed meeting minute notes and saw that topics discussed included incident reporting, complaints, safeguarding and practice developments. Staff confirmed they found the meetings useful.

Staff confirmed that developmental opportunities were always available and discussed regularly. They felt well supported and confident that their needs were being met.

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

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

The principal dentist told us they always took on board comments and suggestions from patients. If they recommended something to improve the service this would always be considered.