

Miss Harpreet Khambay

Bright and White Dental

Inspection Report

55 Chigwell Road
London
E18 1NG

Tel: 020 81665931

Website: www.brightandwhitedental.com

Date of inspection visit: 1 December 2017

Date of publication: 12/12/2017

Overall summary

We carried out this announced inspection on 1 December 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

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 form the framework for the areas we look at during the inspection.

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

Bright and White Dental is located in Chingford in the London Borough of Redbridge. The practice provides private dental treatments to patients of all ages.

There is located on the ground floor of a purpose adapted premises. The practice has two treatment rooms.

The practice is conveniently located close to public transport links.

The dental team includes the principal dentist, one associate dentist, one dental hygienist, one dental nurse and one receptionist / practice manager

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

We received feedback from 41 patients via CQC comment cards and speaking with patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist, one dental nurse and the practice receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 9am and 3pm on Mondays to Saturdays for new patient registrations and appointment booking. Appointments are available between 9am and 3pm on Wednesdays, Fridays and Saturdays. Late evening appointments are available upon request.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them assess and manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from audits, risk assessments, incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided dental care and treatment in line with recognised guidance. Patients described the treatment they received as holistic, effective, excellent and highly recommended. The dentists discussed treatment with patients so they could clearly understand and give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. There were arrangements to follow up on urgent referrals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 41 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, welcoming and caring. They said that they were given detailed explanations about dental treatment, that questions in relation to their dental care and treatment were answered and they did not feel rushed to make decisions.

Patients commented that all staff made them feel at ease and comfortable, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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 practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs and had made adjustments to the premises to provide step free access and disabled access facilities.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process. The significant event procedures were reviewed and discussed with staff as part of the regular practice meetings.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. The principal dentist was able to discuss recent safety alerts and to demonstrate that these had been reviewed and acted on as appropriate. There was also a system to alert national agencies of patient safety incidents involving medical devices, medicines and materials used in the dental practice.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training and the practice procedures were reviewed and discussed during staff meetings. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year or more often where required. The practice followed relevant safety laws when using needles and other sharp dental items. Staff were aware of their responsibilities in relation to handling and safe disposal of dental instruments where appropriate. They also knew how to report injuries involving dental instruments and the appropriate actions to take.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were available as described in recognised guidance with the exception of Glucagon, which had been ordered and paediatric adhesive pads for the Automated External Defibrillator (AED). Shortly after the inspection visit we were provided with evidence that the items were purchased and available for use.

Staff kept records of their checks, which were carried out on a weekly basis to make sure medicines and equipment were available, within their expiry date, and in working order.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four records. These showed the practice followed their recruitment procedure. All required checks including evidence of identity, skills and qualifications and employment references, where appropriate were carried out.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. Risks associated with the premises and equipment were assessed regularly and staff were aware of these and the plans to minimise them. There was a fire safety risk assessment and procedures for dealing

Are services safe?

with an outbreak of fire and the safe evacuation of people from the building. Fire safety equipment was checked regularly and serviced in line with current guidance and legislation.

There were arrangements to protect patients and staff from exposure to substances which may be hazardous to health such as cleaning and other materials. A risk assessment was in place and detailed information was available in relation to chemical and other substances used at the practice. Staff had access to information on how to deal with accidental exposure to harmful substances and materials. We noted that cleaning materials and other substances were stored securely and accessible to relevant staff.

The practice health and safety policies and procedures were reviewed on a regular basis. A health and safety risk assessment was in place, which assessed risks associated with the practice premises and equipment. This assessment was reviewed periodically and updated as required.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and the dental hygienist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year. There were procedures in place to minimise blood borne viruses. Staff wore appropriate Personal Protective Equipment (PPE) including disposable gloves and face masks and had up to date immunisation records.

The practice had suitable arrangements for manual, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The dental nurse who we spoke with was able to demonstrate that they understood and adhered to these arrangements.

The practice records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The findings from these audits were shared with staff to help maintain appropriate staff practices and to identify and improve any areas as required. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment was in place and this was reviewed regularly. There were procedures for flushing and disinfecting dental waterlines, periodic testing the quality of water and for monitoring hot and cold water temperatures to minimise these risks.

The practice had procedures for cleaning clinical and non-clinical areas and we saw cleaning schedules for the premises. The practice was clean when we inspected and patients who we spoke and those who completed comment cards confirmed this was usual. A number of patients commented on the high standard of cleanliness and hygiene within the practice.

We saw that there were systems in place for the storage and disposal of waste including clinical waste in line with current waste regulations.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations for sterilising and X-ray equipment. We saw records for checks, maintenance and servicing for electrical equipment and installations.

The practice had suitable systems for and storing medicines.

The practice had arrangements for issuing private prescriptions and monitored their use as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file. An annual audit was carried out to ensure that X-ray equipment was working properly.

We saw evidence that the dentists justified, graded and reported on the dental radiographs they took. The practice carried out radiography audits every six months following

Are services safe?

current guidance and legislation. The results from these audits were shared with relevant staff and reviewed where any areas for improvement were identified. The results from the most recent audits showed that the quality of radiography images were in line with guidance and the reason and findings from radiographs were recorded within the patients dental care record.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs and recalled patients for dental check-ups and treatment in line with recognised guidance. These assessments included oral examinations of soft and hard tissues, cancer screening checks and checks for gum disease.

Patients were provided with detailed information about their treatment and the dentists carried out regular reviews to monitor treatment for effectiveness and outcomes for patients.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information. The results from these audits were analysed and learning arising from these was shared and discussed to support improvements as needed.

Health promotion & prevention

The practice was providing preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The principal dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The principal dentist told us that where appropriate they discussed smoking, alcohol consumption and diet with patients during appointments and this was recorded in the patients' dental record.

A dental hygienist was employed at the practice to provide cleaning and advice on oral hygiene and promoting good oral health.

The practice had a selection of dental products for sale and a range of health promotion leaflets were displayed within the patient waiting area which provided advice and instructions to help patients maintain and improve their oral health.

Staffing

Staff new to the practice had a period of induction and probation based on a structured programme which included learning and support. Newly employed staff were monitored and provided with support and information to assist them in becoming familiar with their job roles and responsibilities and the practice policies and procedures.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. There were robust systems in place to review and monitor staff training to ensure that this was completed and any additional support was provided where needed.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans with individualised training and development goals for staff based on their roles and responsibilities within the practice.

Working with other services

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear guidelines and procedures in relation to making referrals. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice maintained a log of all referrals and had monitoring systems to make sure they were dealt with promptly.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information specific to their treatment. The treatment options, intended benefits and any potential risks were discussed with patients so that they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice carried out audits to ensure that patients consent to their dental care and treatment was obtained and recorded appropriately.

The practice's consent policy included information about the Mental Capacity Act 2005. The team undertook training

Are services effective?

(for example, treatment is effective)

and understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this

when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff who we spoke with were aware of their responsibility to respect people's diversity and human rights. The practice had a range of policies in place to assist staff to understand and fulfil their roles in this area.

Patients commented positively that staff were kind, understanding and caring. We saw that the receptionist treated patients with respect and were welcoming, helpful and friendly towards patients at the reception desk and over the telephone. Patients told us that receptionist was friendly and professional. They said that the whole staff team made patients feel welcome when they visited the practice.

Nervous patients said staff listened, were comforting and helped put them at ease. A number of people commented that the dental team were particularly good at making children feel comfortable when they visited the practice.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas open plan in design and the receptionist and staff were mindful when speaking with patients at the reception desk and on the telephone. Staff told us that if a patient asked

for more privacy they would take them into another room. The computer screens at reception were not visible to patients and staff did not leave personal information where other patients might see it.

Music was played in the treatment rooms and there were magazines in the waiting area. The practice provided drinking water, tea and coffee.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that they did not feel rushed during their appointment and that staff listened to them. A number of patients commented that their dentist explained everything in so that they could understand and be able to make decisions about their treatment.

The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. This information was recorded in the patients' dental record.

Patients told us staff were kind and caring when they were in pain, distress or discomfort.

The practice provided patients with information about the range of treatments available at the practice.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were, where possible seen the same day. Dedicated emergency appointments were available.

Patients told us that the receptionist was helpful and arranged appointments that met their needs. They also said that they had enough time during their appointment and did not feel rushed. We noted that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had carried out an assessment to review the needs of patients and this was kept under review to help staff assist patients who may require additional support.

Promoting equality

The practice carried out regular reviews to ensure that the systems in place were suitable and reflect the needs of patients. The practice was located on the ground floor and provided step free access, disabled access toilet facilities.

Staff said they could provide information in different formats and languages to meet individual patients' needs.

Access to the service

The practice displayed its opening hours in the premises, on the practice website and in their patient information leaflet. Patients could request information and advice and book appointments via the practice website.

We confirmed the practice kept waiting times to a minimum. Patients told us that they were seen promptly.

The practice was committed to seeing patients experiencing pain on the same day and dedicated emergency appointments were available when the practice was open.

The patient information leaflet, posters displayed in the waiting area and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. This included information to ensure that patients received an apology, an explanation about what had gone wrong and assurance as to what action would be taken to make improvements.

The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these to resolve issues where possible.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. This information including contact details of these organisations was included in the patient complaints leaflet

We looked at comments the practice received within the previous 12 months. These showed that the practice received no complaints.

Are services well-led?

Our findings

Governance arrangements

The principal dentist manager had overall responsibility for the management and clinical leadership of the practice. The principal dentist and the practice manager shared responsibility for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Staff had identified lead roles and oversight for areas including safeguarding, infection control, radiation protection and medical emergencies. The practice had systems to support staff in these roles.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor and maintain the quality of the service and make improvements where needed. The outcomes from risk assessments, audits and reviews were shared on a regular basis for learning and improvement. Action plans were developed and implemented where needed to maintain and improve quality and safety within the practice.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately.

There were regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of various aspects of the service including safety and risk, dental care records, radiography and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The dentist and staff who we spoke with showed a commitment to learning and improvement and that they set high standards for treating patients and the general management of the service.

Staff told us that the practice valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. We saw evidence of completed appraisals in the staff folders. These included staff learning and development needs, general wellbeing and aims for future professional development.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain and patients' views about the service. The results from the patient surveys were analysed and shared with staff to help improve patient's experience.