

Cobbins Brook Dental Practice

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Inspection report

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Overall summary

We conducted this announced comprehensive inspection on 1 June 2023 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- Recruitment procedures ensured only suitable staff were employed.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Patients were treated with dignity and respect, and a high level of care.
- There was effective leadership and a culture of continuous improvement.
- Auditing was used effectively by staff to drive improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

Background

Cobbins Brook Dental Practice is based in Waltham Abbey and provides both NHS and private dental care and treatment for adults and children. In addition to general dentistry, the practice offers dental implant treatments, endodontics and oral surgery. The practice is part of the Smile Clinic Group which has 15 locations in London and Eastern region.

The practice has made reasonable adjustments to support patients with access requirements including ramp access, ground floor surgeries and a fully enabled toilet.

The dental team includes 6 dentists, 2 foundation dentists, 7 dental nurses, a dental hygienist, a dental therapist, a practice manager and administrative staff. The practice has 5 treatment rooms.

During the inspection we spoke with 2 dentists, the practice manager, 2 nurses and the receptionist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open Mondays to Thursdays from 8am to 6pm and on Fridays from 8am to 5pm. Appointments with the hygienist are available on a Saturday between 10am and 3pm.

There were areas where the provider could make improvements. They should:

- Take action to ensure the availability of an interpreter service for patients who do not speak or understand English.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. All staff had undertaken appropriate training and there was useful information about safeguarding procedures around the practice, making it easily accessible to both patients and staff.

The practice had infection control procedures which reflected published guidance. However, staff manually scrubbed dirty instruments and we advised that this was the least effective way to clean instruments and carried the highest risk of injury to staff.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. Files for recently employed staff we reviewed showed that appropriate checks had been undertaken prior to staff commencing their employment.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

Staff had received appropriate fire training and fire safety equipment was checked and maintained. Recommendations from the practice's fire risk assessment, such as removing plastic socket inserts and providing additional signage been implemented.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. We viewed risk assessments which covered a wide range of identified hazards in the practice and detailed the control measures that had been put in place to reduce them.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment.

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate storage and safe handling of medicines.

Antimicrobial prescribing audits were carried out to ensure clinicians were prescribing according to national recommendations.

Track record on safety, and lessons learned and improvements.

The practice had systems to review and investigate incidents and accidents, and these were discussed by staff at practice meetings. We were provided with specific examples where staff had learned from unusual incidents and implemented measures to prevent their recurrence.

The practice had a system for receiving and acting on national safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

We found that the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives.

The practice provided preventive care and supported patients to ensure better oral health. A dental hygienist and dental therapist worked at the practice to support patients with gum disease and oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. We found that staff understood their responsibilities under the Mental Capacity Act 2005 and Gillick Competency guidelines.

Monitoring care and treatment

The practice kept detailed patient care records in line with recognised guidance.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice conducted radiography audits six-monthly following current guidance.

Effective staffing

We found that had the skills, knowledge and experience to carry out their roles. They told us they had plenty of time for their role and did not feel rushed in their job. Both the therapist and hygienist worked with chairside support.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff provided us with specific examples of where they felt they had been particularly caring towards patients. This included posting letters for patients who could not get out during Covid-19 lock downs and paying for a taxi for an older patient to get home after their treatment.

One nurse described how she showed nervous patients breathing techniques they could use to help calm them. One patient review stated that the dentist had sung to them which had greatly reduced their anxiety.

The practice issued special 'check-up certificates' to children, as a reward for attending their appointment. These had been designed, with advice from a dental nurse who had first hand experience of caring for people with autism.

Staff had undertaken training in autism and learning disability awareness to improve their understanding of patients living with these conditions.

Privacy and dignity

Staff were aware of the importance of privacy and all patient notes were held digitally. Staff password protected patients' electronic care records and backed these up to secure storage.

The practice had installed closed-circuit television to improve security and appropriate signage was in place to warn patients of its use.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentist explained the methods they used to help patients understand their treatment options. These included the use of visual aids, dental models and X-rays.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice was accessible to wheelchair users, via ramp access. There were ground floor treatment rooms and a fully enabled toilet. A portable hearing loop was available to assist patients who wore hearing aids. Reading glasses and a magnifying glass were available to help patients read any paperwork. However, we noted there was no information about translation services for patients who did not speak or understand English.

The practice offered patients an email and text appointment reminder service.

Timely access to services

At the time of our inspection the practice was able to take on new private patients. It ran a waiting list for NHS treatment which was about 3 months. This timescale had previously been around 6 months but had reduced due the employment of additional dentists willing to provide NHS dental treatment.

Emergency slots for patients in dental pain were available each afternoon. The practice's answerphone provided telephone numbers for patients needing emergency dental treatment when the practice was not open. On call arrangements were in place with another local practice and patients were directed to the appropriate out of hours service.

Listening and learning from concerns and complaints

Information about how patients could raise their concerns was available at reception. We reviewed paperwork in relation to two recent complaints and saw they had been dealt with in a timely, professional and empathetic way.

All patients' complaints were audited to ensure they had been managed according to guidance.

Are services well-led?

Our findings

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

Leadership capacity and capability

There was strong leadership with emphasis on people's safety and continually striving to improve. We found senior staff to be knowledgeable, experienced, organised and clearly committed to providing a good service to both patients and staff. We received many positive comments about the senior nurse's professionalism and competence from staff.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions. We noted high standards of governance throughout our inspection.

The information and evidence presented during the inspection process was clear and well documented. Records required by regulation for the protection of staff and patients and for the effective running of the service were maintained, up to date and accurate.

Culture

The practice demonstrated a transparent and open culture in relation to people's safety.

Communication systems in the practice were good, with regular monthly meetings for all staff and additional fortnightly meetings for dental nurses. Minutes of meetings we viewed were detailed and were used effectively to keep staff up to date with the latest guidance and practice policies. An instant messaging service was used to ensure key information was shared between staff.

Staff stated they felt respected and supported, and clearly benefitted from the ethos, leadership and management approach of senior staff.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. It also subscribed to an on-line governance tool to help in the running of the service.

We saw there were clear and effective processes for managing risks, issues and performance.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients via surveys which were easily available on the reception desk. These asked for information about appointment times, cleanliness and treatment options.

Patients were also sent an automated text message following their appointment asking them to complete an on-line review. This method had proved successful and at the time of inspection the practice had received 4.9 stars out of 5 based on 440 reviews, indicating high levels of patient satisfaction with the service. Each review had been responded to by the practice.

Feedback from staff was obtained through meetings, appraisals and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and their suggestions for a coffee machine and additional time for setting down surgeries had been implemented by managers.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of patient care records, radiographs, dental implants, complaints and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.