

St. John's Dental Practice Limited

# St John's Dental Practice

## Inspection report

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Date of inspection visit: 01 June 2022  
Date of publication: 23/06/2022

### Overall summary

We carried out this announced focused inspection on 1 June 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

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

Our findings were:

- The dental clinic was visibly 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 help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- There was effective leadership and a culture of continuous improvement.

# Summary of findings

- Staff felt involved and supported and worked as a team.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

## Background

St John's Dental Practice is in Romford in the London Borough of Havering; North East London. They provide NHS and private dental care and treatment for adults and children.

There is level access via to the practice for people who use wheelchairs and those with pushchairs. Ample car parking spaces, including dedicated parking for disabled people, are available in the car park at the rear of the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes seven dentists, eight qualified dental nurses, three trainee dental nurses, a dental hygienist, two dental therapists and a receptionist. They were supported by a full-time practice manager. The building was looked after by three caretakers who were responsible for cleaning and maintenance. The practice has six treatment rooms.

During the inspection we spoke with three dentists, three dental nurses, the dental hygienist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Wednesday 8am-5pm;

Tuesday and Thursday 8am-7.30pm; and

Friday 8am-4.30pm.

Outside of these hours, patients are directed to NHS 111 or the emergency mobile phone for emergency care and treatment. We carried out this announced focused inspection on 1 June 2022 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 adviser.

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# Summary of findings

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

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice had procedures to minimise the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. Quality assurance processes were in place to ensure gaps were identified and actioned appropriately.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

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

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Fire drills simulations were carried out at regular intervals and we saw that the evacuation plan took account of those in wheelchairs.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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.

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. Additionally, Immediate Life Support training with airway management was completed by staff involved with providing treatment to patients under sedation.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Safety data sheets were also made accessible to all staff.

### **Information to deliver safe care and treatment**

The practice maintained computerised and paper based dental care records and we observed that they were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

# Are services safe?

The practice had effective 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 and safe handling of medicines.

The provider dispensed antimicrobials and a robust stock control system was in place to ensure medicines did not pass their expiry date and enough medicines were available if required. The prescribed antimicrobials were also documented as part of the dental care records.

The practice audited the use of their antimicrobial prescribing at regular intervals and told us they were prescribed in line with guidance.

## **Track record on safety, and lessons learned and improvements**

The practice had implemented systems for reviewing and investigating incidents and accidents.

The practice had a system for receiving and acting on 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.

The practice offered conscious sedation to adult fee-paying patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. We reviewed four sedation care records to confirm this.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health, for example, they discussed alcohol consumption and smoking cessation. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

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

### **Monitoring care and treatment**

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

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

We reviewed recruitment records for newly appointed staff and saw that they had received a structured induction. We also looked at training information and found that 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 dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# 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**

The whole dental team demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any major issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

The practice had a mission statement which was to "care for both staff and patients."

The practice showed how they ensured high-quality sustainable services and demonstrated improvements and growth over time.

The practice team was long-standing. Staff stated they felt respected, supported and valued. They were proud to work in the practice. Staff used words such as understanding, caring and flexible to describe the management team.

Staff discussed their training needs during formalised annual appraisals, ongoing one to one meetings' and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

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

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

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

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

Staff password protected patients' electronic care records and backed these up to secure storage. We saw that paper records were stored securely in fire retardant cabinets.

### **Engagement with patients, the public, staff and external partners**

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. We reviewed the 17 completed Friends and Families Test comment cards left by patients in the suggestion box. Patients answered that they were extremely likely or likely to recommend the service based on their overall experience. We saw that the results surveys were analysed, summarised and used to drive improvements.

# Are services well-led?

The complaints policy and procedures were in line with recognised guidance and there was a lead member of staff for managing complaints. We saw evidence the practice took concerns and complaints seriously. We reviewed two complaints received in the last 12 months and found that the practice took appropriate steps to investigate and then respond to patients.

## **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement.

These included audits of; dental care records, data security audit, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.