

## The Ealing Dental Practice

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## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 20 May 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

The Ealing Dental Practice is located in the London Borough of Ealing and provides mainly private dental services but has a small percentage of NHS patients (approximately 5%). The demographics of the practice were mixed with patients from a range of backgrounds. This included a fair sized population of patients from Europe who live in the country for work purposes. The practice is open on Mondays from 9.00am – 7.00pm, Tuesdays 8.30am-5.30pm, Wednesdays 8.30am-5.30pm, Thursdays 8.00am – 4.30pm, Fridays 8.30-4.00pm and Saturdays 8.30-1.00pm. Facilities within the practice include three consultation rooms, waiting room and reception area, two administration offices, decontamination room and toilet facilities.

The inspection took place over one day and was undertaken by a Care Quality Commission (CQC) inspector and dental specialist adviser. We spoke with staff and reviewed policies and procedures and dental records. We received feedback from 16 patients.

The practice team included three dentists, two hygienists, two dental nurses, a practice manager and two receptionists.

The dentist is the registered manager. A registered manager is a person who is registered with the Care

Quality Commission to manage the service. Like registered providers, they are '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.

We found that this practice was providing safe, effective, caring, responsive and well-led care in accordance with the relevant regulations.

### Our key findings were:

- There were effective processes in place to reduce and minimise the risk and spread of infection
- Patients' needs were assessed and care was planned in line with best practice guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients were involved in their care and treatment planning
- Staff had access to development opportunities
- There was appropriate equipment for staff to undertake their duties and equipment was well maintained. However the practice did not have access to an automated external defibrillator.
- Patients commented that staff were friendly and always showed dignity and respect towards them.
- There were processes in place for patients to give their comments and feedback about the service including making complaints and compliments.

# Summary of findings

- The principal dentist had a clear vision for the practice. Governance arrangements were in place for the smooth running of the practice.

There were areas where the provider should make changes:

- Review availability of equipment 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 storage of medicines to ensure they are stored safely at all times.
- Ensure the temperature of the refrigerator used to store medicines and dental products is recorded daily.

# 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 provider had systems in place to ensure people were safeguarded from abuse. Staff were trained to the appropriate level for child protection and had completed adult safeguarding training. The safeguarding policy was up to date and staff were aware of their responsibilities. Systems were in place for the provider to receive safety alerts from external organisations. Processes were in place for staff to learn from incidents and lessons learnt were discussed amongst staff. The practice had risk assessments in place and there were processes to ensure equipment and materials were well maintained and safe to use. Medicines and equipment were available in the event of an emergency; however the practice did not have access to an automated external defibrillator (AED) in line with Resuscitation Council UK guidance.

### **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, such as from the National Institute for Health and Care Excellence and The Department of Health (DoH). Patients were given relevant information to assist them in making informed decisions about their treatment.

The practice maintained appropriate medical records and details were updated appropriately. Information was available to patients relating to smoking cessation and maintaining good oral health.

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.

Feedback from patients indicated that staff were friendly, professional, caring and treated patients with dignity. We received feedback from 16 patients. Patients were complimentary about staff and said that they were involved with their treatment planning. They said that staff acted in a professional manner and were helpful. They commented that the practice was clean and tidy and they did not have problems accessing the service.

### **Are services responsive to people's needs?**

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

Patients had good access to the service which included a range of opening times, information available via the practice website and a practice information leaflet. Patients had access to urgent on the day appointments both during opening hours and out of hours.

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

### **Are services well-led?**

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

# Summary of findings

Governance arrangements were in place for effective management of the practice. This included having appropriate policies and procedure and staff meetings. Staff had access to training and development opportunities and told us they felt supported.

# The Ealing Dental Practice

## 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 took place on the 20 May 2015 and was undertaken by a CQC inspector and a dental specialist adviser. Prior to the inspection we reviewed information provided by the provider and information available on the provider's website.

The methods used to carry out this inspection included speaking with the dentist, dental nurse, practice manager,

reception staff and two patients on the day of the inspection, reviewing 15 completed CQC comment cards, reviewing documents and observations of the process for cleaning and sterilisation of used dental instruments.

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

The practice had processes in place for receiving and sharing safety alerts from external organisations. Updates were received from the National Institute for Health and Care Excellence and Medicines and Healthcare Products Regulatory (MHRA) and shared with staff appropriately. The practice also had incidents and accident reporting logs. There had not been any incidents over the past 12 months. However staff described the type of incidents that would be recorded and this was in line with their policy.

Staff understood the processes for incidents and accident reporting including the Reporting of Incidents, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice had not had any RIDDOR incidents over the past 12 months.

### Reliable safety systems and processes (including safeguarding)

The practice had up to date policies and procedures for safeguarding adults and children and both policies had been updated in May 2015. The principal dentist was the safeguarding lead. All clinical staff were up to date with safeguarding adults training and had completed the appropriate level of child protection training. Non-clinical staff had also completed appropriate safeguarding training. Staff we spoke with demonstrated awareness of safeguarding issues including how to identify and how to respond to a suspected safeguarding issue. One example we were given related to a patient with dementia and staff concerns regarding their vulnerability. The explanation we were given was in line with their policy. Staff were aware of the internal procedure for processing safeguarding concerns including who to report it to (internally and to the local authority). Details of the local authority were in the safeguarding policy and there was a flowchart on display with details of how to handle safeguarding and contacts for reporting.

The practice was following guidance from the British Endodontic Society relating to the use of rubber dam for root canal treatments. [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.].

The dentist took details relating to medical history when a patient first joined the practice and this was updated at each subsequent visit. The medical history included details of current medication, known allergies and existing conditions. We reviewed copies of patients' medical histories and saw they were updated appropriately.

### Medical emergencies

The provider had emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. We checked the emergency medicines and saw they were all within their expiry date. Processes were in place for medicines to be checked on a monthly basis.

The provider had an oxygen cylinder which was checked monthly and was within its expiry date. The practice did not have an automated external defibrillator (AED) on its premises, in line with Resuscitation Council 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]. The practice manager told us that there were plans in place to get one in the near future. All staff had received training in basic life support in April 2015, which included training on how to use a defibrillator.

Staff also had access to a first aid box, pulse oximeter, blood pressure monitor, eye wash and bodily fluid spillage kits.

### Staff recruitment

The practice staffing consisted of three dentists, two dental hygienists, a practice manager and two receptionists. All staff had worked in the practice for a number of years and we saw that appropriate checks were carried out when they had started. Although there had not been any recent recruitment to the practice the explanations we were given about staff recruitment were in line with the practice recruitment policy. This included outlining the checks that would be carried out in the event of them employing someone. This included obtaining proof of identity, previous employment history and completing a disclosure and barring services (DBS) check.

All staff, including non-clinical, had a completed disclosure and barring services check.

### Monitoring health & safety and responding to risks.

# Are services safe?

There was a health and safety policy in place which had been updated in March 2015. It covered all aspects of health and safety included assessing surgery hazards and injuries from sharps waste. Various risk assessments were carried out to ensure the monitoring of health and safety was appropriate and risks were planned for. Risk assessments conducted included fire risk assessments, a legionella risk assessment and display screen risk assessment. We saw that where actions arose from risk assessments, they had been completed.

## 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. This included hand hygiene policy, clinical waste management and personal protective equipment. In addition to this there was a copy of the Health Technical Memorandum 01-05; Decontamination in dental practices from the Department of Health, for guidance. The dental nurse was the infection control lead.

There was a separate room for the decontamination of instruments. The room had a clearly labelled flow from dirty to clean areas to minimise the risks of cross contamination. There were two sinks; one for washing and one for rinsing instruments. The dental nurse who was the lead for infection control gave a demonstration of the decontamination process which was in line with HTM 01-05 published guidance. This included carrying used instruments in a lidded box from the surgery; washing manually in a sink and rinsing in a separate bowl; inspecting 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 a year in advance, so expiry was clear.

We saw records of the daily, weekly and monthly checks that were carried out on the autoclave to ensure it was working effectively. Staff told us that the memory card was removed and the data checked after the first test cycle of each day. We saw records to confirm this. There were two ultrasonic cleaners and they were both tested daily and weekly. The chemical solution was drained and changed at the end of each session or sooner if required, in line with published guidance. The protein test was completed every month and the foil test every three months. We saw records confirming the protein tests covering March to May 2015 and the foil tests carried out in March and May 2015.

Staff were immunised annually against blood borne viruses. For example, we saw evidence that staff were up to date with being vaccinated against Hepatitis B to protect patients from the risks of contracting the infection. The practice had blood spillage and mercury spillage kits. 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.

The surgery was visibly clean and tidy. There were stocks of personal protective equipment for both staff and patients such as gloves and aprons. Wall mounted paper hand towels and hand gel was available as were clinical waste bins. 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.

There was an up to date legionella risk assessment and the results were negative for bacterium [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The practice used distilled water in all dental lines. The water lines were flushed every morning for two minutes and for 30-40 seconds in between patients. Suitable purifying agents were used once a week to purify the water.

Arrangements were in place for disposal of clinical waste. A contract was in place with a company who attended every two weeks to collect waste. In the interim period clinical waste was stored in a secure bin until it was collected. We saw the consignment notes for the recent collections.

## Equipment and medicines

There were appropriate arrangements in place to ensure equipment was maintained. There were service contracts in place for the maintenance of equipment such as the autoclaves and ultrasonic cleaner. We saw documents confirming that appropriate servicing was taking place. The pressure vessel was last checked on the 6 May 2015. The practice had appliances such as a water cooler, computer monitors, shredder and telephones. All portable appliance testing (PAT) was carried out annually and was last completed in April 2014. The practice manager explained that the company who carried out the annual testing had made an error and therefore this year's testing was late. We were shown documentation where this was due to be carried out in June 2015.

# Are services safe?

Medication was stored in two locations in the practice. The medication stored on the ground floor was stored in a locked room but the cupboard was not locked, which meant that people who accessed the room unauthorised could gain easy access to medication. Medication was stored appropriately in the fridge with a thermometer. Staff told us that temperatures were checked daily and always within the recommended guidelines. On the day of our inspection we saw that fridge temperatures were within recommended guidelines. However the fridge temperatures were not being recorded therefore we could not be assured that they were within appropriate ranges. We spoke with the practice manager and they assured us that fridge temperatures would be recorded in the future.

## **Radiography (X-rays)**

One of the clinical dental team was the radiation protection supervisor (RPS). All clinical staff including the RPS had completed radiation training. The practice had an external radiation protection adviser (RPA). The RPA was due to visit again in December 2015. The practice had records in their radiation protection file demonstrating maintenance of x-ray equipment. All x-rays were graded and audited as they were taken. Every radiography grading was also audited on an annual basis.



# 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 delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE), Medicines and Healthcare Products Regulatory Authority (MHRA) updates and the British National Formulary (BNF) guidance. The dentist gave us an example of a recent update received from the BNF relating to guidance on certain drug interactions and guidance on prescribing.

We reviewed medical records and saw evidence of assessments that were individualised for patients. This included patients having an up to date medical history outlining medical conditions and allergies (which was reviewed at each visit). Medical history forms were available for download on the practice website so the patient could come to the appointment prepared. A social history was also taken so that habits such as eating, activity etc. could be taken into account when treating a patient. The reason for visit was documented and a full clinical assessment with an extra and intra oral examination. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums. Information about the costs of treatment and treatment options available were printed off and a copy given to patients.

### Health promotion & prevention

Information relating to health promotion and prevention was available to patients in the waiting area. This included a range of leaflets relating to smoking cessation, oral health care and long-term conditions (i.e. diabetes). Staff we spoke with confirmed they also gave advice such as links with dietary habits and tooth brushing advice.

### Staffing

Staff had access to training and development opportunities. All the clinical staff had current registration with their professional body, the General Dental Council.

They were all also up to date with their continuing professional development 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].

The staff we spoke with confirmed that they were supported to seek developmental opportunities. Whilst staff did not have structured one-to-one meetings, they told us that they had informal meetings regularly and this was sufficient and enough support for them to carry out their duties effectively. They also commented that the practice meetings gave them an opportunity to raise any issues they had.

Appraisals were carried out annually with all staff having completed their last appraisal in March 2015.

### Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. They worked closely with a local orthodontist and local specialists. They also showed us the standard referral form for the local hospital and we saw completed forms. All letters sent to the hospital were scanned on the system. We saw that details about the patient's medical history, contact details and reason for referral were outlined. We saw that referrals were followed up with outcomes/ conclusions documented appropriately.

### Consent to care and treatment

The provider had a consent policy in place. The policy outlined how consent was obtained. Consent forms were available for more complex procedures such as oral surgery and implants. To ensure staff understood all issues relating to consent and capacity a copy of the Mental Capacity Act 2005 was in reception for staff to refer to. The staff we spoke with knew where to locate it and also demonstrated a good understanding of capacity issues and The MCA. We were given examples by the dentist and a receptionist of examples when patients lacked capacity. Both examples demonstrated that staff knew the procedures to ensure valid consent was obtained and treatment given in the best interest of patients.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We received 15 completed CQC comment cards and reviewed the results of the practice's patient satisfaction survey for April 2015. Generally feedback was very positive. Staff were described as treating patients with dignity and respecting their privacy. The provider had sent out 291 surveys for their monthly patient satisfaction survey and received 30 responses. All of the patients said that staff were friendly and approachable.

We observed interaction with patients and saw that staff interacted well with patient speaking to them in a respectful and considerate manner. We saw that consultations were in private with doors closed and conversations could not be overheard.

Patients' information was held securely electronically on password protected computers or in paper files which were locked away securely.

### **Involvement in decisions about care and treatment**

The patient feedback we received confirmed that staff involved patients in their treatment planning. Patients commented that things were explained well and they were asked if they understood the treatment being offered.

Staff we spoke with told us they always explained things to patients and never carried out treatment if a patient was unsure. The medical records we reviewed demonstrated that people were involved in planning because it was documented in their clinical notes.

Staff told us that they explained the treatment options available to patients outlining the risk and benefits so that patients were making informed decisions about their care and treatment. For example, the dentist used photos and a camera, to explain the diagnoses and demonstrate treatment that was available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient's needs

The practice had an appropriate appointments system that met patients' needs. The practice is open Monday from 9.00am-7.00pm, Tuesday 8.30am-5.00pm, Wednesday 8.30-5.30pm, Thursday 8.00am-4.30pm, Friday 8.30am-4.00pm and Saturday 8.30am-1.00pm. In the event of a patient needing an appointment outside of these times, there was a message on the practice telephone directing patients to call the emergency cover dentist. Patients also had the dentists work mobile and could call direct if they have an emergency and they would be seen at the practice if this was possible.

The staff team was diverse and staff spoke different languages including, English, Polish, Russian, Hindi, French and Italian. This diversity in the staffing structure enabled them to respond to the needs of patients. For example they had patients who were from Europe and worked in the country. Due to the diversity in languages spoken by staff they were able to communicate with patients better.

### Tackling inequity and promoting equality

The practice was not a purpose built building and therefore there were some areas of the practice that required improvement to make it more accessible for patients. There was step free access to the building however once inside the building there was no wheel chair accessible toilet and to access both consultation rooms required using steps which was sometimes difficult for people with mobility problems. The registered manager told us that they had explored the possibilities of making the building more accessible however due to constraints there were no firm plans in place to achieve this. The provider did demonstrate that whilst they could not conform to guidance they had appropriate contingency plans in place to mitigate the risks to patients using the service. This included having an alternative provider to direct patients to for treatment if they could not access the premises.

The patient population was varied with an even mix of patients from different social and ethnic backgrounds. The registered manager told us that this was partly due to the local demographics of the area but also because they had a mix of private and NHS patients.

### Access to the service

The practice had a comprehensive website with information about the staff team, treatments on offer, fees, booking appointments, new patient information and contact details. Appointments could be booked by calling the practice or on-line via the practice website. The practice also had comprehensive information in the patient waiting area including a practice leaflet with access details.

Patients we spoke with were happy with the access arrangements, stating that they did not have problems getting a routine or urgent appointment. They felt opening times were fair and were happy with the information available relating to access. All the patients we spoke with were aware of how to access emergency treatment in the event of needing to.

The dentist told us that cover arrangements were in place between the dentists to ensure patients could access the service. This included ensuring the dentists did not take annual leave at the same time. In the event of sickness cancellations were kept to a minimum as much as possible. If the covering dentist could not see all patients routine appointments were cancelled first and patients with a painful problem were prioritised. If the dentist on duty did not have capacity to see all patients then they were referred to another practice close-by, where they would be seen by another dentist.

There was a notice in the patient reception area with contact details in case of a dental emergency.

### Concerns & complaints

The provider had a complaints policy and procedure in place. This included how to make a complaint, response times and contact details in the event of them wanting to escalate it further. At the time of our visit there had not been any complaints in the past 12 months. Staff we spoke with demonstrated that they were aware of their procedure and explanations of how they would deal with a complaint were in line with their policy.

Patients were informed how to make a complaint via a sign in the reception area and details were also on the website. If a patient wanted to complain there was a form available that they could complete.

There was a box in the waiting room for compliments and complaints.

# Are services well-led?

## Our findings

### **Governance arrangements**

All staff we spoke with were clear about their roles and responsibilities. They all said they were supported in their work and the governance arrangements assisted this. Staff meetings were held approximately every six months. Staff told us they felt this was a sufficient frequency as they met informally regularly.

There were a range of policies and procedures to ensure effective governance arrangements were in place. This included health and safety policies, staffing and recruitment policies and an infection control policy. Policies were available to staff electronically on their computers.

Care records we reviewed were complete, legible and accurate and stored securely on computers that were password protected.

### **Leadership, openness and transparency**

There was a culture of openness and honesty in the practice. Staff we spoke with were confident in approaching the principal dentist if they had concerns or needed to discuss a problem or error that had occurred. We spoke with the principal dentist who outlined the practice's ethos for providing good care for patients. They had a clear vision about the future of the practice which included making improvements to accessibility and having a downstairs surgery. Staff we spoke with were aware of these plans which evidenced that developments were discussed with staff.

The registered manager told us that they encouraged staff to be open and transparent and that they led by example and did the same. At the time of our inspection there had not been any recent complaints or incidents however the dentist explained how complaints were dealt with. Their explanations of how they would manage incidents and complaints were in line with what would be expected

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].

### **Management lead through learning and improvement**

All clinical staff were up to date with their continuing professional development (CPD). All staff were supported to pursue development opportunities. We saw evidence that they staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

Appropriate audits were carried out as part of ongoing improvement and learning. For example a periodontal record keeping audit had been completed and also a domestic cleaning audit and infection control audits. We saw the most recent infection control audit completed by the local commissioning support team in February 2015. The practice had achieved 97% compliance. We saw that audits were being used to learn and develop the service. Audits were discussed in annual management review meetings that were held.

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

We saw evidence that the practice included staff in decisions about the practice. For example one of the staff told us that they had recently looked at the pricing structure. All staff were consulted on this and their views fed into the final decisions.

Feedback from patients was gathered through an on-going monthly patient survey. Results of the survey were analysed and themes and trends identified. The results of the most recent survey analysed showed that there was a theme of patients wanting more reading material available in the reception area. The provider was taking action to do this.