

Mawney Road (DS) Limited

Mawney Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 1 November 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 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 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.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

The provider has 5 practices and this report is about Mawney Dental Practice.

Mawney Dental Practice is in Romford, in the North East London Borough of Havering. They provide NHS and private dental care and treatment for adults and children.

This is a purpose-built location that is fully accessible for people who use wheelchairs and those with pushchairs. The practice has a car park to the rear including visibly marked disabled spaces. The practice has made reasonable adjustments to support patients with additional needs by ensuring the disabled toilet has an emergency pull cord to alert staff in case patients need assistance.

The dental team includes 7 dentists, 5 qualified dental nurses, 1 trainee dental nurse, 2 part time dental hygienists and 3 reception staff. They are supported by two practice managers (both qualified dental nurses) and a business manager. The practice has 7 treatment rooms.

During the inspection we spoke with 1 dentist, 2 dental nurses, 1 reception staff, both practice managers and the business manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open

Monday to Thursday 08.30am to 5.00pm and

Friday 07:30am to 4:00pm.

They are closed between 1 and 2pm for lunch.

Outside of these hours, patients are advised to contact NHS 111 for emergency care and treatment.

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

- Implement an effective system for investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

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. Staff had received training appropriate to their level. We saw evidence staff had been proactive in recognising and reporting safeguarding concerns to the external safeguarding team.

The practice had infection control procedures which reflected published guidance. We observed decontamination processes and judged that staff understood the requirements.

The practice had procedures to reduce 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.

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

The practice had a recruitment policy and procedure to help them employ suitable staff; these reflected the relevant legislation. At the time of the inspection, the provider was not using agency or locum staff.

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.

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, sepsis awareness and lone working.

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 dental hygienists at times worked on their own without chairside assistance; we saw that lone worker risk assessments were in place for such instances.

The practice had ensured risk assessments were in place for control substances that could be hazardous to health. We also saw that data sheets were accessible to all staff.

Information to deliver safe care and treatment

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

Are services safe?

The practice had systems for referring, monitoring and following up 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 prescribing. NHS prescription pads were ordered when required and they had systems in place to mitigate the risk of improper usage. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. We saw that staff had reported three incidents in the last 12 months, however, the practice could not demonstrate that they took steps following the incidents to minimise the likelihood of similar incidents recurring. The provider told us that all incidents were discussed during the weekly management meetings and that they would ensure learnings were now documented and cascaded.

We saw that 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.

We saw 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. Patients were given oral health instructions by the clinical team. The practice was proactive in identifying patients who were smokers. They were offered advice and directed to smoking cessation services. When we looked at patient care records, we also saw that the clinical team educated patients on recommended alcohol consumption limits.

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 which was also detailed in the practice policy.

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.

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 dentists 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 were aware of their responsibility to respect people's diversity and human rights.

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

Feedback left by patients indicated that they were satisfied with the care and treatment provided by the practice and said their dignity and privacy was respected

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television in the communal areas to improve security for patients and staff. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records awaiting scanning securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff 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 described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, videos and X-ray images.

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 organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice's current waiting time to register with the service as a new patient was 12-18 months, however, patients requiring urgent care and treatment could access an appointment from the practice within 24hrs as an urgent patient.

The practice had an appointment system to respond to patients' needs. They told us management staff was in the process of discussing a new framework which would allow the practice to be able to accommodate those patients waiting to register as new patients.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

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 a hierarchical organisational structure. The management team on the day demonstrated they had the capacity, values and skills to deliver sustainable care. Whilst the providers were non-clinical, they ensured they employed senior clinical leads who had oversight of clinical issues. The other senior managers led on non-clinical areas.

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

There was 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; this was evident when we spoke to staff who described their career journeys.

Culture

The practice could show how they ensured sustainable services and demonstrated improvements over time.

Staff we spoke with on the day, stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and one to one meetings. The clinical staff received regular face to face clinical supervision, however, there had been delays due to personal matter relating to the clinical leadership team. During appraisals and supervision, staff told us 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.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

Are services well-led?

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. One of the senior staff members was responsible for collating, summarising and sharing results from the patient surveys.

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, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.