

## Hackney Dental Practice

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## Inspection Report

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### Overall summary

We carried out this announced inspection on 12 February 2018 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.

We told the NHS England area team that we were inspecting the practice. They did not provide any information.

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**

Hackney Dental Practice is in Hackney and provides mainly NHS, and also a small amount of private treatment to patients of all ages.

The practice is located on the first floor of a building and there is no level access for people who use wheelchairs and those with pushchairs. The practice have details of other local practices they can refer people to if they need level access. There are two surgeries, a decontamination room, patient waiting room and reception area.

# Summary of findings

The dental team includes two dentists, three dental nurses and a trainee dental nurse. The nurses also carry out reception duties and one of the nurses carries out the practice manager duties as well.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Hackney Dental Practice was one of the principal dentists.

On the day of inspection we collected 38 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

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

The practice is open: 9.00am to 5.30pm Monday to Fridays.

## **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 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 had systems in place to learn from 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 care and treatment in line with recognised guidance. Patients described the treatment they received as professional, effective and good. The dentists discussed treatment with patients so they could 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.

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 38 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring and respectful. They said that they were given helpful, thorough explanations about dental treatment, and said their dentists listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentists.

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. This included providing facilities for disabled patients and families with children. The practice had access to telephone and face to face interpreter services and had arrangements to help patients with sight or hearing loss.

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. We reviewed an incident which had been suitably identified and recorded. We saw that lessons learnt had been documented, discussed and shared with staff.

The practice told us they recorded, responded to and discussed all incidents to reduce risk and support future learning. There had not been any incidents in the 12 months.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) and the NHS. Relevant alerts were discussed with staff, acted on and stored for future reference.

### 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. There were appointed safeguarding leads in the practice for staff to discuss concerns with. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Details of the local emergency safeguarding team were available to staff if they needed to discuss or report concerns.

We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

We looked at the practice's arrangements for safe dental care and treatment. The practice followed relevant safety laws when using needles and other sharp dental items. 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. Staff kept records of their checks to make sure these 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 five staff recruitment files. These showed the practice followed their recruitment procedure.

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. The most recent risk assessment was carried out on 8 August 2017. No actions had been identified. Other risk assessments included display screen equipment, general practice and pregnant and nursing mothers.

A fire risk assessment had been completed in February 2018. There was a fire log book which had records of weekly tests to the fire alarm system, fire extinguishers and emergency lighting. Arrangements were in place to test fire equipment regularly and servicing was carried out annually.

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.

### 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:

# Are services safe?

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The 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 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, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

Portable appliance testing was carried out annually. The last tests were completed in July 2017.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

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

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiography they took. The practice carried out radiography audits every year following current guidance and legislation.

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 in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

### Health promotion & prevention

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

The dentists 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 dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on an induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This 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 monitored urgent referrals 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 dentist we spoke with told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentists listened to them and gave them clear information about their treatment. Some staff had completed training for consent.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. 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 we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, polite and respectful. We saw that staff treated patients appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected computers and these were backed offsite up to secure storage. They stored paper records securely.

There were magazine and reading literature in the waiting rooms. The practice provided drinking water if requested.

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

The practice gave patients clear information to help them make informed choices. There was an information leaflet with details about types of treatment, prices and what to expect from treatment.

Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them.

Patients commented that staff were kind and helpful 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 seen the same day. Slots were kept free each day to accommodate this. The practice was sensitive to the needs of the local population; for example they avoided making appointments that clashed with prayer times and periods of religious observances.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a hearing loop and a magnifying glass at the reception desk and handrails in the toilets.

The practice manager told us it was important to them that people had equal access to information and the service. The practice was in an area with different cultures and ethnicities. The practice maintained lists of information such as common phrases, days of the week and months. This enabled them to provide appointment cards for patients written in the patients' most fluent language. The practice maintained a stock of leaflets in different languages such as Polish, Urdu and Bengali to ensure as far as possible patients had access to written information. They also had standard information leaflets available in large print format.

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

access to interpreter (face to face and telephone), translation services which included British Sign Language. The staff team were also multi lingual and spoke languages which included Bengali, Urdu, Swahili and Nepalese.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on the answerphone message.

We confirmed the practice kept waiting times and cancellations to a minimum.

The information leaflet 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. The practice made information available to patients explaining how to make a complaint (there was a sign in reception area). The practice manager was responsible for dealing with these.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the past year. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentists had overall responsibility for the management and clinical leadership of the practice and the nurse who performed the practice manager duties was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Staff had lead roles for areas such as governance, disaster recovery, patient safety, health and safety and reception services.

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 the quality of the service and make improvements. Policies and procedures were updated regularly.

The practice had information governance arrangements and staff was aware of the importance of these in protecting patients' personal information. Staff had also completed training in this area.

### 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. We saw records of an event that had occurred and duty of candour was demonstrated.

Staff said the principal dentists encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us principal dentists was approachable, would listen to their concerns and act appropriately. The principal dentists discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held team meetings weekly. Topics of discussion including safeguarding, employment issues, data protection and infection control. Minutes were maintained of these meetings.

### Learning and improvement

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

audits of dental care records, oral cancer risk factors, hand hygiene, radiograph and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The whole staff team had annual appraisals and regular one to one sessions. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals.

We saw that staff completed mandatory training, including medical emergencies and basic life support. 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 thank you cards to obtain staff and patients' views about the service. We saw examples of suggestions from patients/staff the practice had acted on. For example, patients had raised concerns about the availability of urgent appointments. In response to this the practice had set up a system where they called all patients with appointments to remind them. This enabled them to find out if a patient was no longer attending and had not cancelled. They could then use the cancelled appointment as an urgent slot. The practice manager explained that this was particularly effective in monitoring appointments because patients often attended as a family so in some cases two or three appointment slots were not wasted. They noted that there were also a reduction in failure to attends.

The most recent patient survey was completed in August 2017. Areas covered in the survey included reception, booking appointments, explanations of treatment and respect shown by staff. The results were very positive. The practice had highlighted the positives as well as any areas of improvement.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.