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New Kings Road Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 29 April 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection 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.

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

New Kings Road Dental Practice is in Fulham in the London Borough of Hammersmith and Fulham. The practice provides predominantly private treatments to patients of all ages. The practice has a small NHS contract. The practice has four treatment rooms. Two of these rooms which were located in the basement were not in use due to a recent flooding incident.

The practice is situated close to public transport bus services.

Summary of findings

The dental team includes the principal dentist who owns the practice, one visiting orthodontist, one associate dentist, two dental hygienists and one dental nurse. The clinical team are supported by a receptionist / practice manager.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we received feedback from 10 people.

During the Inspection we spoke with the principal dentist, the associate dentist, one of the hygienists, the dental nurse and the receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays between 9am and 7pm

Tuesdays to Fridays between 9am and 6pm

Saturday between 9am and 2.30pm

Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Improvements were needed so that all of the recommended life-saving equipment was available and appropriate checks were carried to ensure that these were available.
- The practice had systems to help them manage risk. Some improvements were needed to these systems. For example assessing risks associated with the use and disposal of dental sharps.
- 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 practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team. Improvements were needed to the arrangements for assessing risks for when clinical staff worked without chairside support.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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

- Review availability of equipment to manage medical emergencies taking into account guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the practice's protocols for the use of dental dam for root canal treatment taking into account guidelines issued by the British Endodontic Society.
- Review the practice's sharps procedures and ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review its responsibilities to respond to the needs of patients with disability and the requirements of the Equality Act 2010.

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 used learning 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.

There were some areas where improvements were needed. Risks associated with the use and disposal of dental sharps and risks where clinical staff worked without chairside support had not been assessed and mitigated.

The practice had arrangements for dealing with medical and other emergencies. Improvements were needed to the arrangements for ensuring that the recommended emergency equipment was available.

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 very good and excellent. Some patients told us that the dentist always explained their treatment in detail.

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 10 people. Patients were positive about how they were treated. They told us staff were caring and friendly. They said that their dentist always helped to put them at ease if they were nervous.

Patients said that their dentist listened to them and helped them to understand the treatment provided including any options available.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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. Patients commented that they received treatment in a timely manner.

Staff considered patients' different needs and had made arrangements to support them. Improvements were needed so that the practice assessed to the needs of patients with disability and the requirements of the Equality Act 2010.

The practice had arrangements to help patients whose first language was not English and those with sight or hearing loss should these be required.

The practice had arrangements to respond to and deal with complaints.

No action



Are services well-led?

We found that this practice was providing well 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 or typed 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

Safety systems and processes (including staff recruitment, Equipment & premises and

Radiography (X-rays))

The practice had systems to keep patients safe. There were some areas where improvements were needed.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Details of the local reporting authority were readily available to all staff.

Staff were aware of circumstances which may render people vulnerable such as adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us that they felt confident they could raise concerns without fear of reprimand.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice. The principal dentist described to us the impact that the flooding to the basement had caused and the arrangements they had put in place to minimise the impact on the delivery of the service.

The principal dentist told us that they did not use dental dams. This was not in line with guidance from the British Endodontic Society when providing root canal treatment. We checked the dental care records and found there were no notes as regard the non-use of dental dams or a suitable alternative.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at three staff recruitment

records. These showed that the practice followed their recruitment procedure. We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. We saw records confirming the servicing, maintenance and regular checks of these appliances

Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

The practice had arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file and there were records available to show that X-ray equipment had been serviced and maintained regularly.

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

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

The practice had current employer's liability insurance.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. Improvements were needed so that a risk assessment was in place for when the dental hygienists worked without chairside support.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

We looked at the practice's arrangements for safe dental care and treatment. Staff followed relevant safety regulation when using needles and other sharp dental items. Improvements were needed so that a sharps risk assessment is undertaken and updated periodically.

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been undertaken to assess risks. We saw records of water testing undertaken periodically and staff told us that they disinfected the dental unit waterlines.

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

Emergency equipment and medicines were available as described in recognised guidance with the exception of an automated external defibrillator (AED) and portable suction equipment. The principal dentist told us that these items may have been moved due to the flooding in the basement. The principal dentist made arrangements to borrow an AED in the interim period and had ordered this and a portable suction on the day of the inspection. We were provided with evidence that these items were available shortly after our inspection visit.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice was clean when we inspected and patients confirmed that this was usual.

Healthcare and clinical waste was segregated and disposed of appropriately in line with current legislation and guidance.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were accurate, complete, and legible and were kept securely and complied with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

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

The principal dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety

There were safety policies and systems in place for reporting and investigating accidents or other safety incidents.

Lessons learned and improvements

The practice learned and made improvements when things went wrong.

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The principal dentist told us that they kept up to date with current evidence-based practice. They described how they assessed patient needs and delivered care and treatment in line with current legislation, standards and guidelines such as that issued by The National Institute for Health and Care Excellence (NICE). The principal dentist was able to demonstrate that they understood and followed NICE guidelines in relation to areas such as patient recalls or extraction of wisdom teeth.

The dental care records which we viewed included details of all of the checks such as extra oral, soft tissue and oral cancer screening which were carried out as part of each patient's dental assessment.

Helping patients to live healthier lives

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

The principal dentist 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. They told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

We spoke with one of the hygienists who described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Consent to care and treatment

The principal dentist told us that they understood the importance of obtaining and recording patients' consent to treatment. They said they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions.

Patients said the dentist listened to them and gave them information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The principal dentist was able to demonstrate that they understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to the Gillick competence by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The principal dentist told us that they obtained and reviewed information in relation to patients' medical history including any health related conditions.

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.

Effective staffing

Staff new to the practice told us that they had an induction to help familiarise themselves with the practice policies, procedures and protocols.

Staff told us they discussed training needs. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

Co-ordinating care and treatment

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

The practice also had systems and processes for 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 all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Patients told us that staff was caring, friendly and understanding.

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

Patients confirmed that staff were reassuring and helped them to relax. A number of patients also commented that their dentist was understanding of their needs, especially if they were experiencing dental pain or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was open plan in design and staff were mindful of this when assisting patients in person and on the telephone. Staff told us that if a patient asked for more privacy they

would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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

Involving people in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the requirements under the Equality Act and the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services could be made available for patients who did not have English as a first language.
- Patients were also told about multi-lingual staff who might be able to support them.

The principal dentist told us that they had discussions and they used models to help patients understand treatment options discussed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice took account of patient needs help them plan routine appointments and to manage appointments for emergency dental treatments. Patients said that they were able to access appointments that were convenient to them.

Patients described high levels of satisfaction with the responsive service provided by the practice, with some saying that they were seen on the same day when needed.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. These included step free access to treatment rooms and accessible adapted toilet facilities. Improvements were needed so that a Disability Access audit is completed so that the practice can assess and provide support to patients as far as is practicable.

Timely access to services

Patients told us that they were able to access care and treatment from the practice within an acceptable timescale for their needs. They confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the practice.

Staff told us that patients who requested an urgent appointment were where possible seen on the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice had a complaints policy providing guidance to staff on how to handle complaints. The principal dentist was responsible for dealing with complaints. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

Patients were provided with information about how to make a complaint and the organisations they could contact if they were dissatisfied with the way the practice dealt with their concerns.

The principal dentist told us that they had received no complaints within the previous 12 months,

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had the capacity and skills to deliver high-quality, sustainable care.

They described how they assessed issues such as the recent flooding which impacted the delivery of the business and practice strategy to address these.

Vision and strategy

The principal dentist told us that they had a vision to deliver services to meet the needs of patients. There were also arrangements in place to refurbish the premises in light of the recent flooding so as to increase the services available to patients.

Culture

The principal dentist told us that the practice had a culture of openness, transparency and candour. There were policies and procedures in place to help the dentist achieve this.

Governance and management

The principal dentist had overall responsibility for the management and clinical leadership of the practice. Staff knew the management arrangements and their roles and responsibilities

The practice had policies, procedures and protocols, which were accessible to all members of staff. The practice had recently introduced a computer based governance system with new policies and procedures. These were being implemented at the time of our inspection with a view to improving governance and management systems

Appropriate and accurate information

The practice acted on appropriate and accurate information.

Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.

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

The practice information governance arrangements took into account the General Data Protection Regulation (GDPR) requirements.

Engagement with patients, the public, staff and external partners

The practice used reviews, comments and feedback to obtain patients' views about the service.

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.

The principal dentist told us that they gathered feedback from staff through meetings and informal discussions and we saw records which confirmed this.

Continuous improvement and innovation

There were 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 radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The clinical team had appraisals. They discussed learning needs, general wellbeing and aims for future professional development.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.