

Dentaliving

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Inspection report

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Overall summary

We carried out this announced focused inspection on 25 May 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

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

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

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff took care to protect patients their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.

Background

Dentaliving is in Redbridge, a North East London Borough. They provide NHS and private dental care and treatment for adults and children. They are also contracted by NHS England to carry out Tier 2 endodontic services delivered by accredited clinicians.

There is ramp access to the practice for people who use wheelchairs and those with pushchairs. It does not have a car park, however, there is enough permit free parking on surrounding streets. The practice has made practical adjustments to support patients with additional needs.

The dental team includes six dentists, four qualified dental nurses, a trainee dental nurse, a dental hygienist, and three receptionists. They are supported by a full-time practice manager and a self-employed compliance advisor. The practice has five treatment rooms.

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

The practice is open:

Monday - Thursday 9.00am to 5.30pm

Friday 9.00am to 5.00pm

Saturday 9.30am to 2.00pm.

Outside of these hours, arrangements are in place for patients requiring urgent care and treatment.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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. Policies were accessible to all staff by way of hard copy as well as on the shared computer drive.

The practice had infection control procedures which reflected published guidance.

The practice had robust 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 observed the practice to be visibly clean and tidy and we saw that cleaning schedules were maintained.

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

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

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

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment including: Cone-beam computed tomography (CBCT) 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.

An individual risk assessment was in place for the dental hygienist who at times worked without chairside support.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. We also saw that staff could access safety data sheets in relation to COSHH from any of the practice computers.

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.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. The practice was proactive in following up referrals where and when required.

Safe and appropriate use of medicines

Are services safe?

Excepting emergency drugs, no other medicines were held on the premises. Prescription forms were stored securely, and procedures were in place to monitor prescriptions issued by the practice.

Antimicrobial prescribing audits were on-going and findings were used to drive improvements.

Track record on safety, and lessons learned and improvements

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

Staff we spoke with on the day understood their duty to raise concerns and report incidents and near misses.

The practice had a system for receiving and acting on safety alerts and management ensured relevant safety alerts were cascaded to the team.

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 that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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.

The practice was selected to take part in NHS England's Tier 2 Endodontic pilot which aims to offer a new way of providing complex endodontic dental treatment that would have traditionally been completed in a secondary care facility.

Consent to care and treatment

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

Staff understood their responsibilities under the Mental Capacity Act 2005.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's website and leaflet provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included study models and X-ray images

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.

The practice had a comprehensive programme of quality improvement activities and used this to routinely review the effectiveness and appropriateness of the care provided. Examples of completed audits undertaken in the last year related to consent and chaperoning; we found that the practice took steps to address any shortcomings.

Effective staffing

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

The practice understood the learning needs of staff and provided training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.

Are services effective?

(for example, treatment is effective)

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.

The practice was a referral clinic for dental implants and Tier 2 endodontics, and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

Are services well-led?

Our findings

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

Leadership capacity and capability

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

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

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

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

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

Culture

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

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and clinical supervisions. 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.

We saw that staff meetings were governed by standing agendas and minutes.

Governance and management

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

There was an overarching governance framework which reflected the practice's arrangements. The organisation chart outlined the leadership and governance responsibilities for different areas within the practice. Associate dentists including tier 2 endodontists, dental nurses and support staff had job descriptions detailing their roles and responsibilities.

Practice specific policies were in place and implemented and staff we spoke with during the inspection knew how to access these. The visiting compliance advisor and the practice manager were responsible for ensuring these remained fit for purpose.

The dentists attended training courses, for example, the principal dentist had completed a Master of Science in Clinical implants.

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.

At the inspection, we saw that the provider ensured clear and effective processes were in place to manage and mitigate risks and issues.

There was a lead member of staff for managing complaints. We saw evidence the practice took concerns and complaints seriously. We reviewed two verbal concerns raised in the last 12 months and found that the practice took appropriate steps to investigate and then respond to patients.

Appropriate and accurate information

Are services well-led?

Staff acted on appropriate and accurate information.

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

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, 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.

There were policies in place to support safe IT usage and processes to ensure that these were accessed by the appropriate member of staff.

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.

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.

The provider employed an external company to collate feedback from various sources which included Friends and Families Test. We looked at the results feedback survey carried out between January and May 2022- the summarised results showed that the practice had achieved 100% which equated to five stars. The provider told us they responded to reviews and feedback left on publicly accessed sites to monitor and improve the service.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation. There was a focus on continuous learning and improvement at all levels within the practice. There were plans to recruit another dental hygienist to meet the demands of the service.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

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.