

Western Road Dental Practice Ltd

Western Road Dental Practice

Inspection Report

97 Western Road,
Romford
RM1 3LS

Tel: 01708 776840

Website: www.romford-dental.co.uk

Date of inspection visit: 20 July 2017

Date of publication: 27/07/2017

Overall summary

We carried out this announced inspection on 20 July 2017 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.

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

Western Road Dental Practice is located in Romford in the London Borough of Havering and provides private dental treatment to patients of all ages.

There is level access for people who use wheelchairs and those with pushchairs via ramps and an elevator lift. Car parking spaces, including some for patients with disabled badges, are available outside the practice.

The dental team includes two principal dentists and two associate dentists, one oral surgeon, four dental nurses and one trainee dental nurse, four dental hygienists and a receptionist. The practice has four treatment rooms.

The practice is owned by a company 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

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Western Road dental Practice was the principal dentist.

On the day of inspection we collected 36 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with the both principal dentists, one associate dentist, one dental hygienist, two dental nurses and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 8am and 6.30pm on Mondays, between 8am and 4.30pm on Tuesdays, 8am and 7pm on Wednesdays and Thursdays, between 8am and 1pm on Fridays and 8am to 2pm on Saturdays.

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 identify and 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 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.

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 excellent, first class and outstanding. The dentists discussed treatment and available options with patients so they could clearly understand and 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 39 people including three patients who we spoke with during the inspection visit. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, respectful, professional and friendly. They said that they were given detailed explanations about dental treatment and they did not feel rushed to make decisions.

Patients said their dentist listened to them and gave them plenty of time to ask questions about their dental care and treatments. A number of patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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 access for disabled patients and families with children.

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 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.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. The dentists and other staff were able to discuss recent safety alerts and to demonstrate that these had been reviewed and acted on as appropriate. There was also a system to alert national agencies of patient safety incidents involving medical devices, medicines and materials used in the dental practice.

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. 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 and the practice procedures were reviewed and discussed during staff meetings. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year or more often where required. There were robust systems for identifying when risk assessments were due for reviews or updates. The practice followed relevant safety laws when using needles and other sharp dental items. Staff were aware of their responsibilities in relation to handling and safe disposal of dental instruments where appropriate. They also knew how to report injuries involving dental instruments and the appropriate actions to take.

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. The practice procedures for dealing with medical emergencies were reviewed and discussed with staff periodically during practice meetings to help ensure that staff remained skilled and confident in dealing with medical emergencies.

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 that equipment was 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 records. These showed the practice followed their recruitment procedure. All required checks including evidence of identity, skills and qualifications and employment references, where appropriate; and interviews were carried out.

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. Risks associated with the premises and equipment were assessed regularly and staff were aware of these and the plans to minimise them. There was a fire safety risk assessment, procedures and equipment for dealing with an outbreak of fire and the safe evacuation of people from the building.

There were arrangements to protect patients from exposure to substances which may be hazardous to health

Are services safe?

such as cleaning and other materials. Detailed information in relation to chemical and other substances were kept at the practice and details on how to deal with accidental exposure to harmful substances and materials.

The practice health and safety policies and procedures were reviewed and discussed with staff on a regular basis during practice meetings to help ensure that staff were aware of their responsibilities.

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 when they treated patients and supported the dental hygienists as needed.

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: 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 practice records showed equipment staff used for cleaning and sterilising instruments was maintained, serviced and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The findings from these audits were shared with staff to help maintain appropriate staff practices and to identify and improve any areas as required. 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. A legionella risk assessment was in place and this was reviewed regularly. There were procedures for flushing and disinfecting dental waterlines, testing water samples for the presence of bacteria and for monitoring hot and cold water temperatures to minimise these risks.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients who we spoke and those who completed comment cards 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.

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

The practice managed prescriptions securely as described in current guidance.

Radiography (X-rays)

The practice had suitable 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.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every six months following current guidance and legislation.

The results from these audits were shared with relevant staff and reviewed where any areas for improvement were identified. The results from the most recent audits showed that the quality of X-ray images were in line with guidance. 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. Patients were provided with detailed information and treatment plans. The dentists carried out regular reviews to monitor treatment for effectiveness and outcomes for patients. The dentists held regular clinical meetings and reviewed any changes or updates to guidance in relation to dentistry to support the effective assessment and treatment of patients.

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

The practice carried out conscious sedation for patients who would benefit. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. Conscious sedation was achieved using intravenous medication or relative analgesia using medical gases. Medicines and equipment for use during these procedures were stored securely and appropriate checks were carried out to ensure that these were in date and available as needed.

The practice had detailed protocols and procedures for staff to follow when using conscious sedation techniques and these were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The practice assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history, blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with

current guidelines. The records showed that staff recorded important checks at regular intervals. These included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

Dental nurses with appropriate additional training supported dentists treating patients under sedation. The dental nurses' names were recorded in patients' dental care records.

Health promotion & prevention

The practice was providing 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 appropriate they discussed smoking, alcohol consumption and diet with patients during appointments where this was appropriate. A dental hygienist worked at the practice and provided dental hygiene treatments and advice to patients.

The practice had a selection of dental products for sale. There were a range of health promotion leaflets and poster displayed within the patient waiting area which provided advice and instructions to help patients maintain and improve their oral health.

The practice aimed to improve dental health in children and offered a scheme for free dental care and treatment for children.

Staffing

Staff new to the practice had a period of induction and probation based on a structured programme which included learning and support. Newly employed staff were monitored and provided with support and information to assist them in becoming familiar with their job roles and responsibilities and the practice policies and procedures.

We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council. There were systems in place to monitor staff training to ensure that this was completed and any additional support was provided where needed.

Are services effective?

(for example, treatment is effective)

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans with individualised training and development goals for staff based on their roles and responsibilities within the practice.

Working with other services

Dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear guidelines and procedures in relation to making and receiving referrals. These 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 maintained a log of all referrals and referrals and had stringent monitoring systems 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 dentists told us they gave patients information specific to their

treatment and there were bespoke consent forms available in relation to various dental treatments including tooth extractions and dental implants. The treatment options, intended benefits and any potential risks were discussed with patients so that they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice carried out audits to ensure that patients received appropriate information, opportunity to ask questions and that consent to their dental care and treatment was obtained and recorded appropriately.

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. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. 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. The practice had a range of policies in place to assist staff to understand and fulfil their roles in this area.

Patients commented positively that staff were friendly, helpful and caring. We saw that the receptionist treated patients with respect and was welcoming and friendly towards patients at the reception desk and over the telephone. Patients told us that receptionist was always helpful and made them feel welcome when they visited the practice.

Nervous patients said staff were compassionate, caring and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas open plan in design and the receptionist and staff were mindful when speaking with patients at the reception desk 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 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.

Music was played in the treatment rooms. There were newspapers, magazines, information folders and a television in the waiting room. The practice provided drinking water for patients in the waiting area.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options. This information was recorded in the patients' dental record.

Patients told us staff were patient and caring when they were in pain, distress or discomfort.

The practice provided patients with information about the range of treatments available at the practice. These included general and treatments for gum disease, dental implants, treatments provided using conscious sedation techniques and cosmetic dentistry such as tooth whitening.

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 where possible seen the same day. Dedicated emergency appointments were available each day. The practice took part in an emergency on-call arrangement with two other local practices to provide advice and treatment to patients as required when the practice was closed.

Patients told us that the receptionist was helpful and helped to arrange appointments that met their needs. They also said that 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. The practice had carried out an assessment to review the needs of patients and this was kept under review to help staff assist patients who may require additional support.

Promoting equality

The practice made reasonable adjustments for patients with disabilities and carried out regular reviews to ensure that the systems in place were suitable and reflect the needs of patients. These included step free access via ramps and a passenger lift, disabled access toilet and baby changing facilities.

Staff had access to local language interpretation and translation services and said they could provide information in different formats and languages to meet individual patients' needs.

Access to the service

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

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

The practice was committed to seeing patients experiencing pain on the same day and dedicated emergency appointments were available each day. The patient information leaflet, posters displayed in the waiting area 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. Patients were advised how they could make a complaint or raise any concerns. Information was displayed within the practice waiting area and on the practice website.

One of the principal dentists was responsible for dealing with these. Staff told us they would tell the dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and would invite patients to speak with them in person to discuss these to resolve issues where possible.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns. This information including contact details of these organisations was included on the practice website and in the patient complaints leaflet.

We looked at comments, compliments and complaints the practice received within the previous 12 months. 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 dentist had overall responsibility for the management, clinical leadership within the practice. The practice manager was responsible for other aspects of the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Staff had identified lead roles and oversight for areas including safeguarding, infection control and the practice had systems to support staff in these roles.

The practice had a range of policies and procedures to support the management of the service and to protect patients and staff. These were bespoke to the practice and reviewed to ensure that they reflected current guidance and legislation.

There were arrangements to monitor the quality of the service and make improvements. The outcomes from risk assessments, audits and reviews were shared on a regular basis for learning and improvement. Action plans were developed and implemented where needed to maintain and improve quality and safety within the practice.

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

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 and the practice had procedures in place in relation to this.

Staff told us there was an open, no blame culture at the practice. They 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 the principal dentist was approachable, would listen to their concerns and act appropriately.

There were regular meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

The practice produced a regular newsletter which was shared with patients via the practice website and in paper

copies were available in the waiting area. These helped to keep patients informed and up to date with any changes in within the practice such as staff who had left and new staff who had joined the practice.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of various aspects of the service including safety and risk, dental care records, X-rays and infection prevention and control. Other areas were also monitored and we saw audits in relation to obtaining patient consent to treatment and antibiotic prescribing. There were detailed and clear records of the results of these audits and the resulting action plans and improvements. Accidents, incidents and complaints where these occurred were reviewed and discussed to support improvement and to minimise risks to patients and staff.

The dentists and staff who we spoke with showed a commitment to learning and improvement and that they set high standards for treating patients and the general management of the service.

Staff told us that the principal dentists valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. We saw evidence of completed appraisals in the staff folders. These included staff learning and development needs, general wellbeing and aims for future professional development.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. 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 verbal comments to obtain staff and patients' views about the service. There was a comments and suggestions box and forms in the patients waiting area. We reviewed the results of these surveys and these showed that the majority of patients who participated were either very satisfied with the dental treatments and the service they received. The results from the patient surveys were analysed and shared with staff to help improve patient's experience.