

Goodmayes Dental Practice Limited

# Goodmayes Dental Practice Limited

## Inspection Report

624 Green Lane  
Goodmayes  
Ilford  
IG3 9SD  
Tel: 020 85994966  
Website: No Website

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### Overall summary

We carried out this announced inspection on 2 May 2019 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 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 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**

Goodmayes Dental Practice Ltd is in Goodmayes in the London borough of Redbridge. The practice provides NHS and private dental treatments to patients of all ages.

The practice is located on the ground floor level in a purpose adapted premises and there are two treatment rooms.. There is step free access to the practice. The practice is located close to public transport services.

# Summary of findings

The dental team includes the principal dentist, who along with his spouse, also a dentist own the practice, one associate dentist, three dental nurses and one trainee dental nurse. The clinical team are supported a receptionist.

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

On the day of our inspection we received feedback from 50 patients.

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

The practice is open Monday to Friday between 8am and 5pm.

## **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. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had a fire safety procedure, which was reviewed and discussed with staff regularly during practice meetings. Improvements were needed to the systems for recording risks in relation to fire safety and use of hazardous substances.
- 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. Improvements were needed so that dental care records were detailed and complete.

- 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.
- 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 had arrangements to deal with complaints positively and efficiently.
- The practice had suitable information governance arrangements.

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

- Review the practice's environmental risk assessments and ensure a fire risk assessment is undertaken and is kept under review,
- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review the practice's policy for products identified under Control of Substances Hazardous to Health (COSHH) 2002 Regulations to ensure a risk assessment is undertaken.
- Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography are undertaken at regular intervals to help improve the quality of service. Practice should also ensure that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

# 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.

Improvements were needed so that risks in relation to fire safety and the use of hazardous substances were assessed.

Improvements were needed in relation to the arrangements for monitoring and improving, where needed, the quality of dental radiographs.

There were systems to use 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 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.

Patients described the treatment they received as excellent, great and highly recommended. They told us that staff were professional and helpful.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. They discussed treatment with patients so they could give informed consent.

Improvements were needed so that dental care records were complete and included details of the assessments carried out and the information provided to patients.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. There were protocols to ensure that routine and urgent referrals were monitored suitably.

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 50 people. Patients were positive about all aspects of the service the practice provided. They told us staff were considerate, kind and friendly.

No action



# Summary of findings

They said that they were given detailed explanations about dental treatment, and said their dentist listened to them. 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.

The practice had arrangements to obtain the views of patients and used these to improve where indicated the level of patient satisfaction.

## 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 and took into account patients' different needs and had made reasonable adjustments to accommodate patients who may need additional support.

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 took patients views seriously. They valued compliments from patients and had arrangements to respond 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 had a range of policies and procedures to underpin the day to day management of the service.

Some improvements were needed so that clinical and non-clinical areas were monitored consistently to help them improve and learn.

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.

Staff knew their responsibilities if they had concerns about the safety of 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 to an appropriate level depending on their roles within the practice. The principal dentist was the safeguarding lead and they had undertaken additional training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns to the local safeguarding team and the police as appropriate and notification to the CQC.

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

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a suitable staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the recruitment records for five members of staff. These showed the practice followed their recruitment procedure. Appropriate procedures and checks including employment references and Disclosure and Barring Services (DBS) checks and evidence of each candidate's skills and experience were carried out for all staff.

We noted that the dentists and the dental nurses were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There were systems in place to monitor this.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including sterilising and X-Ray equipment, electrical and mechanical appliances.

The practice had a fire safety procedure, which was reviewed and discussed with staff regularly during practice

meetings. Improvements were needed so that the practice fire safety risk assessment was kept under review. Records showed that fire detection and firefighting equipment such as fire extinguishers and emergency lighting systems were regularly tested and serviced. There was a fire evacuation procedure in place and staff who we spoke with were aware of these procedures.

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

We checked a sample of dental care records and saw that the dentists did not routinely record the justification, grade or report on the radiographs they took. The practice carried out some radiography audits, however these were not consistent or in line with current guidance and legislation.

### **Risks to patients**

The practice's health and safety policies, procedures and these were up to date and accessible to staff to help manage potential risk.

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice had arrangements to manage risks associated with use and disposal of dental sharps in line with legislation and a risk assessment.

The provider had a system in place to ensure that 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 policies and procedures in place to assist staff to respond promptly and appropriately to medical emergencies. The staff team demonstrated that they understood and followed these procedures. Staff completed training in emergency resuscitation and basic life support (BLS) 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.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team.

# Are services safe?

The provider had some arrangements to minimise the risk that can be caused from substances that are hazardous to health. Improvements were needed so that the risks of accidental exposure to hazardous substances were assessed and minimised.

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 were aware of and followed these procedures. 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 had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been carried out which showed that the practice was following recommended protocols. We saw records of water testing and dental unit water line management were in place.

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

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice had identified some areas for improvements and there was an action in place to address these.

## **Information to deliver safe care and treatment**

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

Dental and other records and were kept securely. Information handling processes at the practice were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

## **Safe and appropriate use of medicines**

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

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

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

## **Track record on safety**

The practice had arrangements to report and investigate safety incidents should these occur. Staff were aware of these and their responsibilities to report any concerns. These procedures helped the practice to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Staff told us that there had been no accidents or other safety incidents within the previous 12 months.

## **Lessons learned and improvements**

There were suitable 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 practice had systems to keep dental practitioners up to date with current evidence-based practice. The dentists described how they assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

### 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 practice had procedures in place so that high concentration fluoride toothpaste was prescribed if a patient's risk of tooth decay indicated this would help them. The dentists who we spoke with told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments.

They also told us that they provided patients with preventative advice and carried out examinations. They said that patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice. Improvements were needed so that details of these assessments were recorded within patients' dental care records such as plaque and gum bleeding scores and detailed charts of the patient's gum condition as part of the patients' assessment..

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dental care records which we looked at included information about treatment options, risks and benefits which were discussed with patients so they could make informed decisions. Patients were provided with detailed

information and explanations in relation to their proposed treatments. This included information in relation to the intended benefits, potential complications or risks and the cost of treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The dental team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The practice consent 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

Improvements were needed so that the practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. We looked at a sample of

The principal dentist showed us that they had recently started using a computerised records system to assist the dentists to maintain and keep complete and detailed patient dental care records.

### Effective staffing

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

There were arrangements in place to provide a period of induction based on a structured programme to newly appointed staff to help familiarise themselves with the practice policies, procedures and protocols. We saw records in relation to the induction provided and showed that staff were provided with information and practical guidance in relation to their roles and responsibilities.

There were arrangements in place to appraise performance and discuss staffs' individual training and development needs. We saw completed appraisal documents and personal development plans for all staff.

### Co-ordinating care and treatment

The practice had procedures for when they referred patients to specialists within the practice, and in primary and secondary care if they needed treatment the practice did not provide.



## Are services effective?

(for example, treatment is effective)

There were 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 had recently improved its arrangements to monitor all referrals to make sure they were dealt with promptly.



# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff had access to practice policies and were aware of their responsibility to respect people's diversity and human rights. Staff undertook training in equality and diversity and mental capacity issues. We saw that staff treated patients respectfully and appropriately and were friendly towards patients at the reception desk and over the telephone.

We received feedback from 50 patients who commented positively that staff were caring, welcoming and friendly.

Patients said staff were understanding particularly when treating nervous patients.

### **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 the dental team were aware of the Accessible Information Standards and the requirements under the Equality Act.

- Language interpretation services could be accessed for patients who did not have English as a first language if required.

The practice gave patients clear information to help them make informed choices.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example (models and, X-ray images.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **Responding to and meeting people's needs**

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

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

A Disability Access audit had been completed and this was kept under review in order to continually improve access for patients. The practice had made reasonable adjustments for patients with disabilities. These included step free access to the practice and hearing induction loop. The layout of the premises did not afford the provision of accessible toilet facilities. Staff told us that they would advise patients when they registered with the practice and would refer them to other local practices if required.

### **Timely access to services**

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. 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 took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentist was responsible for dealing with complaints. Staff who we spoke with told us that they reported any complaints made promptly so patients received a quick response.

Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

There were arrangements to ensure that comments and suggestions made by patients were reviewed and used to improve the services provided. We looked at a sample of complaints and found that these had been investigated and responded to promptly.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The practice had arrangements in place to help ensure that they had the capacity and skills to deliver their aims and goals to provide high quality, patient focused care. There were arrangements in place to review patient and service demands and plans to ensure that the practice had the capacity to meet these.

The principal dentist, we were told by staff, was supportive and approachable.

The practice had systems and procedures in place which underpinned the management and the delivery of the service. These were reviewed and updated as required and accessible to staff.

### Vision and strategy

The practice had a clear vision which was reflected in its policies, procedures and the day – to- day management of the service. There were arrangements to share relevant information with staff through a range of formal and informal discussions and staff could contribute to the how the practice vision and strategy was delivered.

### Culture

The practice had a culture of openness, transparency and candour and there were policies and procedures in place to support this. These were in accordance with compliance with the requirements of the Duty of Candour.

Staff stated they felt involved, supported and valued. They told us that they were happy to work at the practice. The practice had arrangements to support staff and to ensure that behaviour and performance were consistent with the practice's vision and values.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

The principal dentist was responsible for the clinical leadership and the day to day running of the service. There were processes for identifying and managing risks, issues and performance.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff.

Improvements were needed to the systems for monitoring and reviewing various aspects of the service in areas including dental radiography, COSHH and fire safety.

### Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements. Patients were told how information about them would be used and were assured of the measures in place to protect this information.

### Engagement with patients, the public, staff and external partners

The practice used patient satisfaction surveys and a suggestion box 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 results of the most recent survey showed that 100% of patients who participated would recommend the dental practice to their family and friends.

The practice gathered feedback from staff through regular meetings, reviews and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### Continuous improvement and innovation

There were arrangements to review staff and appraise staff performance and to support all members of staff to develop skills, knowledge and experience.

Staff completed 'highly recommended' and continuing professional development training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. Staff told us the practice provided support and encouragement for them to do so.