

Amandina Limited

# The Causeway Dental Practice

## Inspection Report

26-28 The Causeway

Teddington

Middlesex

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### Overall summary

We carried out this announced inspection on 6 June 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 not providing well-led care in accordance with the relevant regulations.

##### **Background**

The Causeway Dental Practice is in Teddington in the London Borough of Richmond upon Thames in Southwest London. The practice provides private dental treatment to patients of all ages.

The practice is located close to public transport services. It is located on the ground floor and has a step-free access. The practice has two treatment rooms.

# Summary of findings

The dental team includes two principal dentists who own the practice, a dental nurse, a receptionist and a hygienist.

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

During the inspection we spoke with the two principal dentists, the dental nurse and the receptionist. We checked practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday-Thursday 8.30 am – 5.30 pm

Friday 8.30 am – 4.00 pm

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures in place.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, although some improvements were required.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures, though some improvements were required.
- 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.
- 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.
- Improvements were required in relation to the assessment and monitoring of risks.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- 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. This relates specifically to recording information in relation to patient assessments, use of rubber dam and preventative advice given.
- 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 considering the guidance issued by the General Dental Council.
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as infection prevention and control 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.
- Review its responsibilities to meet the needs of people with a disability, including those with hearing difficulties 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. Improvements were however needed to a number of these systems.

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 recruitment checks. Although some improvements were required to the recruitment policy.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had some arrangements for dealing with medical and other emergencies. However improvements were required.

No action



### Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists generally assessed patients' needs and provided care and treatment in line with recognised guidance. However some improvements were required in regards the recording of assessments carried out.

Patients described the treatment they received as professional, of a high standard and efficient. They told us that they were always happy with the care and treatment that they received.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had arrangements when patients needed to be referred to other dental or health care professionals. There were systems to ensure that 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.

No action



# Summary of findings

We received feedback about the practice from nine people. Patients were positive about all aspects of the service the practice provided. They told us staff were welcoming, courteous and friendly. We were told that staff treated patients with care and respect.

They said that they were given detailed explanations about dental treatment, and said the dentists listened to them. Patients commented that all members of staff made them feel at ease, especially when they were anxious about visiting the dentists.

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

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 they were experiencing dental 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 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 not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

Staff felt supported and appreciated. The provider asked for and listened to the views of patients and staff. They prioritised open and inclusive leadership and demonstrated a good understanding of the Duty of Candour.

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

Improvements were required to current systems of auditing non-clinical and clinical areas of work.

The provider had not suitably assessed, monitored and mitigated risks arising from out of date medical emergency equipment and medication, fire and legionella.

Requirements notice



# 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. Improvements were needed to a number of these systems.

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. The policy had last been updated in September 2018 and was scheduled to be reviewed in September 2019.

We saw evidence that staff received safeguarding training to an appropriate level depending on their roles within the practice. One of the principal dentists 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 recrimination.

The principal dentists used dental 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 that could disrupt the normal running of the practice.

The practice had staff recruitment policy and procedure to help them employ suitable staff. These reflected some relevant legislation. However, there were gaps. For example, the policy did not contain details of recruitment checks that the practice should undertake. We spoke with the provider about this and they told us they would review the policy.

We checked the recruitment records for each of the five people who worked at the practice. The checks included Disclosure and Barring Services (DBS) checks and evidence of each candidate's skills and experience were carried out for all staff. However, there were some gaps. For example,

there was no evidence of satisfactory conduct in a previous employment for the dental nurse. We spoke with the provider about this and they told us that the nurse had previously been employed as a temporary member of staff through an agency so they had not taken up a reference. They assured us they would do so when recruiting members of staff in the future.

We noted that the principal dentists, dental nurse and hygienist 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 the facilities and equipment were safe, and that equipment was maintained according to the manufacturers' instructions, including sterilising and radiography equipment and electrical and mechanical appliances.

The practice had a fire safety procedure and this was kept under review. However the fire risk assessment had not been undertaken by a competent person. The assessment did not include details of all expected risks, for example it did not include details of evacuation plans and did not contain any details of regarding the storage of hazardous substances. We spoke with the provider about this and they told us they would make arrangements for an assessment to be carried out by an external specialist company. Following the inspection we sent evidence that the assessment had been carried out.

Staff undertook training in fire safety awareness and staff we spoke with were aware of the fire safety procedures in the practice.

The practice had some arrangements to ensure they met current radiation regulations and had most of the required information in their radiation protection file.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography. However, there were some improvements that were required. For example, the practice service records which we were shown indicated that the X-ray machine had last been serviced in 2014. The provider told us that they believed the machine had also been serviced in 2016 but did not have records of this. We spoke with the provider about this and they told us that they would make immediate arrangements for the equipment to be serviced. Following the inspection the provider confirmed that a date had been set for the machine to be checked.

# Are services safe?

We saw evidence that the principal dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits on a yearly basis. The audits however did not record outcomes, document learning points where relevant or enabled the practice to identify which dentists the audit related to.

## 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 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 current legislation.

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.

Staff undertook training in basic life support (BLS) each year.

Improvements were needed to ensure that emergency equipment and medicines were available as described in recognised guidance. Some of the syringes in the kit had been past their use by date of August 2018. There were two Salbutamol inhalers, one had a use-by date of November 2018. Some of the oxygen face masks were past their use by dates- one had expired in 2008. The oxygen cylinder had a use-by date of May 2018. The practice did not have an automated external defibrillator (AED). The provider told us that there were arrangements in place with nearby doctors and dental services to use their defibrillators. There was no risk assessment in place taking account of the practice not having a defibrillator. Following the inspection the provider sent us email confirmation that the oxygen cylinder had been delivered and that they had purchased an AED.

The Glucagon injection was stored in a refrigerator. However, the temperature was not monitored to ensure that this medicine was stored within the manufacturer's recommended temperature. The practice could therefore not be assured of the medicine's efficacy.

A dental nurse worked with the principal dentists when they treated patients in line with GDC Standards for the Dental Team. The dental hygienist worked alone but practice staff supported them including assisting them with decontamination of equipment. However, a risk assessment was not in place for when they were working without chairside support, including arrangements for ensuring that the hygienist had suitable number of dental instruments and arrangements for ensuring that dental instruments were cleaned and sterilised in line with national guidance. We spoke with the provider about this and they told us they would review these arrangements.

The provider had arrangements to minimise the risk that can be caused from substances that are hazardous to health. There were records maintained of all hazardous materials used at the practice and staff had access to detailed information to protect them and guide them on how to act in the event of accidental exposure to hazardous substances.

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.

A Legionella risk assessment had not been undertaken. There were no records of water testing or dental unit water line management. We spoke to the provider about this and they told us that they would make arrangements for a risk assessment to be undertaken. Following the inspection the provider confirmed that the assessment had been carried out. They were awaiting the report from the company that had carried out the assessment.

# Are services safe?

The practice had arrangements for cleaning clinical and non-clinical areas and there were cleaning schedules in place. There were arrangements to monitor these. The practice appeared clean when we inspected and patients confirmed that this was usual. Patients commented that the practice was always clean and hygienic.

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 annually. Current national guidance recommends these audits should be undertaken six monthly. The latest audit showed the practice was meeting the required standards.

## **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 dentists 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 legible and were kept securely. Improvements were required with regards to the completeness of some records. Consultations with patients were not always being recorded fully. For example, Basic Periodontal Examination BPE scores were not recorded.

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 systems for appropriate and safe handling of medicines.

The principal dentists were aware of current guidance with regards to prescribing and dispensing medicines.

## **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 arrangements included procedures to monitor and review various aspects in relation to safety. 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 safety incidents in the previous 12 months.

## **Lessons learned and improvements**

There were suitable systems for reviewing and investigating when things went wrong. Staff were aware of safety incidents which are reportable to external organisations including those that must be reported to the CQC.

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 the dental practitioners up to date with current evidence-based practice. We noted that clinicians generally assessed needs and delivered care and treatment in line with current legislation, standards and guidance. Improvements were needed so that details of assessments were recorded suitably in the patients' dental care records. For example, BPE assessments were not always recorded.

The practice offered dental implants. These were placed by one of the principal dentists who had undergone appropriate post-graduate training in placing dental implants. The provision of dental implants was in accordance with national guidance.

### 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 principal dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. Improvements were needed so that details of these conversations were recorded within the patients dental care records.

The dentists provided patients with preventative advice.

### 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 patients we spoke with confirmed that their dentists always provided detailed descriptions and information in relation to their treatment.

The practice had a consent policy. The practice consent policy also referred to circumstances 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. The policy did not include information about the Mental Capacity Act 2005 (MCA). The dental team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. Staff had received MCA training.

### Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' needs but the records of these assessments were not always detailed enough.

### 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.

Staff told us that they discussed development and training needs with their managers.

### Co-ordinating care and treatment

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

There were systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist.

The practice had arrangements in place to monitor urgent and routine referrals to make sure they were dealt with promptly.

# Are services caring?

## Our findings

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

Staff treated patients with kindness, respect and compassion.

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

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

Patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Patients told us staff were kind and helpful when they were in pain, distress 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 the 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 stored patients' paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients be involved in decisions about their care. The dental team were aware of the requirements under the Equality Act.

- Language interpretation services could be accessed, if required, for patients whose first language was not English.

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

The practice provided patients with information about the dental team, the range of range of treatments available at the practice, costs of treatment and arrangements for booking appointments.

# 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.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A Disability Access audit was carried out and kept under review in order to continually improve access for patients. Improvements could be made to the audit that had been undertaken as it had not considered a range of disabilities. For example, the audit had not considered the needs of people with hearing difficulties or sight problems. We spoke with the provider about this and following the inspection they sent us details of an audit that had considered a wider range of disabilities.

There was step free access to the treatment rooms.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients could make appointments in person, by telephone.

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 provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. There was also information available to patients about how to make a complaint. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

One of the principal dentists was responsible for dealing with complaints; they told us they aimed to settle complaints in-house and encouraged patients to speak with them to discuss these.

We checked a complaint the practice had received in the last 18 months. This 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

### Leadership capacity and capability

The practice had some 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.

Staff told us the principal dentists were supportive and approachable.

### 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 very 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 any concerns would be addressed.

### Governance and management

The provider had not established clear and effective processes for assessing, monitoring and managing risks. In particular, they had not managed risks such as those arising from Legionella and lack of a suitable fire risk assessment.

Furthermore:

- They had not implemented effective systems to monitor emergency equipment and medicines. We found that some medicines and equipment were past their use by date when checked on the day of the inspection.

There were systems for monitoring and reviewing various aspects of the service as part of an annual quality

assurance programme. These included clinical and non-clinical audits in areas including safety and risk, infection control, dental care records and dental radiography procedures. However, improvements could be made in regards to the frequency and range of some audits. For example, the infection control audits were undertaken on an annual basis. The radiography audits did not record outcomes, document learning points where relevant or enable the practice to identify which dentists the audit related to.

We spoke with the provider about these issues and they assured us they would review their audit procedures.

### 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 feedback forms to obtain patients' views about the service.

The practice gathered feedback from staff through informal discussions. Staff said they were listened to.

### Continuous improvement and innovation

There were arrangements to review staff performance, and to support all members of staff to develop their 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.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p><b>How the regulation was breached</b></p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>· There was no system in place to monitor the expiry dates of emergency equipment and medicines</li><li>· There were no systems to adequately identify and monitor risks in relation to legionella and fire.</li></ul> <p><b>Regulation 17 (1)</b></p>