

Perio Limited

Romford

Inspection Report

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Overall summary

We carried out this announced inspection on 28 April 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 had access to remote support by a specialist dental advisor.

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

The dental practice is located in Romford in the London Borough of Havering and provides and private periodontal treatment mostly by referral to adult and child patients.

The practice is located on the first floor of a refurbished residential property and there is no level access for people who use wheelchairs and pushchairs. The practice had an arrangement with the dental practice located on the ground floor of the premises to use one of their dental rooms should patients be unable to access the first floor.

The dental team includes one dentist, one dental nurse and one receptionist. The practice has one treatment room.

Summary of findings

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 Romford was the principal dentist.

On the day of inspection we collected 65 CQC comment cards filled in by patients. This information gave us a positive view of the practice.

During the inspection we spoke with the principal dentist and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays between 8.30am and 5pm

Tuesdays between 8.30am 6pm

Fridays between 8.30am and 4pm

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 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 dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as safe, efficient and appropriate to their needs. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients were referred to the practice for specialist dental treatment or when they 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 65 people who completed comment cards. We did not speak with any patients on the day of the inspection. Patients were positive about all aspects of the service the practice provided. They told us staff were kind, respectful and caring. They said that they were given enough information about their dental treatments. Patients also said their dentist listened to them, answered any questions and allayed any fears or anxieties that they had. 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 referral and appointment system was efficient and met patients' needs. Patients could get an appointment that suited their needs and were provided with a detailed treatment plan which included future appointments.

Staff considered patients' different needs. The practice had an arrangement with the dental practice located on the ground floor of the premises to use one of their dental rooms should patients be unable to access the first floor.

The practice provided treatments to patients who were mostly referred by other dentists. Should they require extra support such as language interpretation or information in a language other than English, large print or other support then this would be catered for.

The practice took patients views seriously. They valued compliments from patients and had systems in place 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 team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

No action



Are services safe?

Our findings

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, understood their role in the process and were able to describe learning from incidents.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning and we saw examples of shared learning from incidents and near-misses and action plans to minimise recurrences.

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. Staff were able to give examples of recent safety alerts and how these had been reviewed. 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. The practice had a safeguarding lead who was responsible for overseeing the safeguarding arrangements. We saw evidence that staff received role specific safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns and could demonstrate that they had where needed reported concerns in line with the practice policy. 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 as required.

The practice followed relevant safety laws when using needles and other sharp dental items. The dentist 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 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. Staff discussed emergency scenarios periodically to keep these skills up to date and to take into account any changes in guidance around 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 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 two staff recruitment files. These showed the practice followed their recruitment procedure.

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, fire and equipment were carried out and regularly reviewed to help identify and manage risks to patients and staff. 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 dentist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed

Are services safe?

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

The practice carried out infection prevention and control audits twice a year. 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, in line with a risk assessment. A risk assessment had been conducted and there were arrangements in place for disinfecting water lines and checking hot and cold water temperatures in line with current guidance.

We saw cleaning schedules for the premises and these were monitored regularly to test the effectiveness of the cleaning procedures. The practice was clean when we

inspected and patients confirmed this was usual. Patients commented that the practice was always clean and hygienic and that staff wore clean uniforms, aprons and gloves when carrying out treatments.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice did not prescribe or dispense medicines.

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 dentist justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. The results from the most recent audits showed that the quality of X-ray images were in line with guidance and the reason and findings from X-rays were recorded within the patients dental care record.

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 dentist assessed patients' treatment needs in line with recognised guidance. Patients provided a self-assessment in relation to their periodontal health and had a detailed examination of their gums and soft tissues. They were also provided with a detailed treatment plan which provided them with information to assist them to improve and maintain their periodontal health. Patient's progress was monitored during the treatment at regular intervals and at the end of the course of treatment.

We saw that the practice audited patients' dental care records to check that the dentist 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 employed an external organisation to carry out conscious sedation and both parties had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The 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.

Two members of the dental team with appropriate additional training supported dentists treating patients under sedation. The names of the dental staff who supported in the treatment were recorded in patients' dental care records.

Health promotion & prevention

Patients were provided with detailed post-operative information which was specific to the treatments carried out. These included instructions on maintaining good oral hygiene, cleaning teeth and regular flossing to help improve their general and oral and periodontic health.

The dentist told us where applicable they discussed smoking, alcohol consumption and diet with patients during appointments to help maximise the success of the dental treatment.

The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. The practice also signposted patients to online videos which described some of the treatments carried out and how to clean their natural teeth and implants effectively to maximise the results of their treatment.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. Staff told us that they were provided with time to familiarise themselves with the practice ways of working and relevant policies and procedures when they started working at the practice. We noted that clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs informally and at annual appraisals. We saw evidence of completed appraisals and personal development plans. The findings from audits, reviews and patient surveys were shared as part of the appraisal to emphasise staff strengths and any areas for improvement.

Staff we spoke with told us that they were supported and offered appropriate training.

Working with other services

The dental practice provided specialist and complex periodontic treatments. Patients were referred to by their own dentist or could self-refer. The dentist confirmed they

Are services effective?

(for example, treatment is effective)

referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly. They also provided detailed reports to the referring dentist to ensure that this information was available when general dental treatments were carried out.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the benefits and potential risks so they could make informed decisions. Patients received detailed treatment plans and their dental care records included details of the discussions held and the explanation of proposed treatment, intended benefits, possible

complications risks of failure if patients did not adhere to and follow the advice and information provided. Consent forms specific to the treatment provided were then given to patients to read and when they were satisfied that they understood their treatment their consent was obtained.

Patients also confirmed their dentist listened to them and gave them clear information about their treatment. The practice regularly audited patients dental care records to ensure that consent was obtained and recorded.

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 dentist was 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.

Patients commented positively that staff were kind, caring and helped patients to feel important. We saw that staff treated patients sensitively, respectfully, and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff listened to their fears and were understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was small and open plan in design and the receptionist was 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.

Information folders, patient survey results and thank you cards were available for patients to read.

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 and the estimated costs with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options, intended benefits and any potential risks. This information was recorded and formed part of the patients' dental treatment plan.

Patients told us staff listened and were helpful when they were in pain, distress or discomfort.

The practice's website provided patients with information about the specialist periodontic treatments available at the practice.

The treatment room had a screen so the dentist could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options and expected results to patients needing more complex treatment.

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. Patients could get an appointment that suited their needs and were provided with a detailed treatment plan which included future appointments. Patients who required urgent general dental care or treatment were advised to see their general dentist or to access emergency dental treatment via the NHS 111 when the practice was closed.

Patients told us they had enough time during their appointment and did not feel rushed.

Staff told us that they currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. Staff described examples of patients who found it unsettling to wait in the waiting room before an appointment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Promoting equality

The practice had systems to monitor the needs of patients taking into account age range and other factors. The practice was located on the first of the premises. The practice had an arrangement with the dental practice located on the ground floor of the premises to use one of their dental rooms should patients be unable to access the first floor. These included the provision of step free access and accessible toilet facilities.

The practice provided treatments to patients who were mostly referred by other dentists. Should they require extra support such as language interpretation or information in a language other than English, large print or other support then this would be catered for.

Access to the service

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

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

The website, information leaflet 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 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. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with these. Staff told us they reported 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 invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months. The practice had received a number of compliments and no complaints or concerns had been raised. The practice had systems in place to ensure that any concerns would be responded to sensitively and appropriately and the dentist would discuss 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 and clinical leadership of the practice. The responsibility for the day to day running of the service was shared between staff who had lead roles. Staff knew the management arrangements and their roles and responsibilities. Some staff had identified lead roles and oversight for areas including safeguarding, infection control and customer care. The practice had systems to support staff in these roles.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The outcomes from risk assessments, audits and reviews were widely shared and action plans implemented 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.

Staff told us there was an open, no blame culture at the practice. They said the principal dentist 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. Relevant information was discussed during staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held a range of formal meetings and informal discussions where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The dental team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisal and periodic reviews. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

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 regular patient surveys and verbal comments to obtain staff and patients' views about the service. The results from these surveys were very positive with patients expressing high levels of satisfaction with their dental treatment, staff skills, professionalism and attitude and the appointment system.