

Tavistock Dental Grays Inn Rd Dental Surgery

Inspection Report

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Overall summary

We carried out this announced inspection on 12 October 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told the NHS England area team and Healthwatch that we were inspecting the practice. They did not provide any information.

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

Grays Inn Rd Dental Surgery is in Kings Cross, in the London borough of Camden. It provides NHS and private treatment to patients of all ages. The practice began providing dental services in January 2017.

There is level access for people who use wheelchairs and pushchairs at the entrance only. There are limited restricted parking spaces available near the practice.

Summary of findings

The clinical dental team includes five dentists, a dental hygienist, two qualified dental nurses, and a trainee dental nurse. The non-clinical team includes a receptionist, three practice managers, and a registered manager.

The practice has a treatment room on the ground floor and another treatment room on the lower ground floor.

The practice is owned by a partnership/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 Grays Inn Rd Dental Surgery was one of the partners.

On the day of inspection we collected feedback from 11 patients. This information gave us a positive view of the practice.

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

The practice is open from 9am to 5pm Monday to Friday.

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.
- 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.

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

- Review the practice's protocols for the use of rubber dam for root canal treatment, taking into account guidelines issued by the British Endodontic Society.
- Review its responsibilities to the needs of people with a disability, with regard to 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. They used learning from incidents and complaints to help them improve. Improvements could be made to ensure all dentists used a rubber dam for root canal treatment.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

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

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as thorough, caring and professional..

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

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 11 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, informative and friendly. They said that they were given helpful and honest explanations about their dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease.

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



Are services responsive to people's needs?

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

No action



Summary of findings

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 patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to interpreter services. Improvements were required to ensure the provider had reviewed their responsibilities under the Equality Act 2010 with regard to support for people with hearing difficulties.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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 and understood their role in the process.

The practice told us they had not experienced any significant events since they commenced provision of services in January 2017. Improvements could be made to ensure there were significant event recording logs available.

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.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice had a 'workers concern' policy staff could refer follow if they needed to report a whistleblowing concern. 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. The practice followed relevant safety laws when using needles and other sharp dental items. Improvements could be made to ensure all of the dentists used a rubber dam when carrying out root canal treatment in line with guidance from the British Endodontic Society.

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.

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. Improvements could be made to ensure fridge temperatures were monitored to ensure the medicine Glucagon was stored at optimum storage temperature. Shortly after the inspection the practice told us they no longer stored Glucagon in the fridge. They told us they had ordered new Glucagon and amended its use-by date in line with current guidance.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We checked a staff recruitment record; improvements could be made to ensure the practice carried out Disclosure and Barring Service checks for this staff member prior to them commencing employment at the practice. The practice told us a DBS check they carried out shortly before the inspection was in progress.

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. The practice had employer's liability insurance and checked that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienist when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in

Are services safe?

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 had carried out infection prevention and control audits in June 2017. This 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 carried out in October 2017 a few days prior to the inspection. There were recommendations to be actioned from this risk assessment, which the practice assured us they would address.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Improvements could be made to ensure a work surface in the decontamination room was completely impervious.

Equipment and medicines

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

The practice had suitable systems for prescribing and storing medicines. Prescription pads that were not in use were stored securely; improvements could be made to ensure prescription pads in use were also stored securely and that the serial numbers of all pads were logged, as described in current guidance. Shortly after the inspection the practice assured us they had amended their protocols to ensure prescription pads were securely stored. They also implemented and began to use a prescription log to ensure the use of prescription pads could be monitored.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. In line with current guidance the practice had carried out a radiograph audit prior to the inspection.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

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

Health promotion & prevention

The practice provided preventative care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us that where applicable, they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided information to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council (GDC).

Staff told us they discussed training needs at appraisals. We saw evidence of completed appraisals.

Working with other services

Dentists confirmed they 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 the National Institute for Health and Clinical 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.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The team understood their responsibilities under the Mental Capacity Act (2005) when treating adults who may not be able to make informed decisions. The dentists we spoke with were aware of the need to consider Gillick competence 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. The practice's consent policy referred to the Mental Capacity Act and Gillick competence.

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 caring, informative and friendly. We observed that staff treated patients with courtesy.

Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. 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 posters were available for patients to read in the reception area.

Involvement in decisions about care and treatment

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

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment.

Each treatment room had a screen so the dentists could show patients photographs, videos and radiograph images when they discussed treatment options. Staff also used visual aids to explain treatment options 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. Staff told us that patients who requested an urgent appointment were seen 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.

Staff told us that they did not have any patients for whom they needed to make adjustments to enable them to receive treatment.

Staff told us that they sent patients appointment reminders by email and text messaging.

Promoting equality

There was step-free access for patients with wheelchairs and pushchairs at the practice's entrance. The practice had not been able to make adjustments for patients with disabilities due to the layout of the premises. Patients with restricted mobility requiring a wheelchair were signposted to one of their sister practices, approximately a mile away.

Staff said they could provide information in different formats to meet individual patients' needs. They had access to interpreter services which included British Sign Language.

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 practice was committed to seeing patients experiencing pain on the same day and. They took part in an emergency on-call arrangement with two of their other local practices. At the time of the inspection Grays Inn Rd Dental Practice did not have an active website. The practice 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 routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice managers and a partner were responsible for dealing with these. Staff told us they would tell the practice managers or the partner about any formal or informal comments or concerns straight away so patients received a quick response.

The practice managers 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.

The practice told us they had not received any written complaints in the past 12 months. They had a comprehensive complaints policy and recording logs available. They discussed how they had resolved a recent verbal complaint and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice managers were responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

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 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 practice managers and partners 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 practice's leaders were approachable, would listen to their concerns and act appropriately. The practice managers discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held monthly meetings and more regular informal discussions where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate meetings 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, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The practice managers and partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The practice began providing services in January 2017; they told us staff appraisals would be due for practice managers, dental nurses and the receptionist in January 2018. They told us they regularly discussed learning needs, general wellbeing and aims for future professional development with staff. 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 (GDC) requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys and verbal comments to obtain staff and patients' views about the service. The practice told us they had redecorated the reception area and improved access to appointments in response to feedback from patients. In response to feedback from staff the practice had provided a coffee machine.

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.