

Rushdent Limited

# Rush Green Dental Surgery

## Inspection Report

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Rush Green  
Romford  
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### Overall summary

We carried out this announced inspection on 28 September 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. NHS England provided information which we took into account.

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**

Rush Green Dental Surgery is located in Romford in the London Borough of Havering. The practice provides NHS and private dental treatments to patients of all ages.

There is located on the ground and first floor of a purpose adapted residential premises. The practice has four treatment rooms, three of which are located on the ground floor.

# Summary of findings

The dental team includes the principal dentist and two associate dentists who work part time, one qualified dental nurse, one trainee dental nurse and two receptionists and the practice manager.

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 Rush Green Dental Surgery was the principal dentist.

We received feedback from 45 patients via CQC comment cards and speaking with patients. This information gave us a positive view of the practice.

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

The practice is open between 8am and 5pm on Mondays to Fridays. The practice is closed between 1pm and 2pm daily for lunch.

## **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 assess and manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Are services safe?

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

The practice had systems and processes to provide safe care and treatment. They used learning from audits, risk assessments, incidents and complaints to help them improve.

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

Staff were qualified for their roles and the practice completed essential recruitment checks.

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

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

No action



### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as efficient, safe and excellent. The dentists discussed treatment with patients so they could clearly understand and give informed consent and recorded this in their records. Patients said that their treatment was explained and that any questions in relation to treatment were answered.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals. There were arrangements to follow up on urgent and non-urgent referrals.

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 45 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, kind, considerate and caring. They said that they were given detailed explanations about dental treatment and that questions in relation to their dental care and treatment were answered and they did not feel rushed to make decisions.

Patients commented that all staff made them feel at ease and comfortable, especially when they were anxious about visiting the dentist.

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

No action



# Summary of findings

## Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs and had made reasonable adjustments to the premises to provide step free access, a hearing induction loop and some signage in braille.

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

No action



## Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written 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 significant event procedures were reviewed and discussed with staff as part of the regular practice meetings.

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

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

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Information posters were displayed throughout the practice. We saw evidence that staff received safeguarding training and the practice procedures were reviewed and discussed during staff meetings. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year or more often where required. The practice followed relevant safety laws when using needles and other sharp dental items. Staff were

aware of their responsibilities in relation to handling and safe disposal of dental instruments where appropriate. They also knew how to report injuries involving dental instruments and the appropriate actions to take.

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

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

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. We noted that medicines and equipment were within their expiry date and accessible on the day of the inspection.

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

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

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. Risks associated with the premises and equipment were assessed regularly and staff were aware of these and the plans to minimise them. There was a fire safety risk assessment and procedures for dealing with an outbreak of fire and the safe evacuation of people from the building. Fire safety equipment was checked regularly and serviced in line with current guidance and legislation.

# Are services safe?

Regular evacuation procedures were carried out and any learning from these were shared with staff to help identify and minimise risks.

There were arrangements to protect patients and staff from exposure to substances which may be hazardous to health such as cleaning and other materials. A risk assessment was in place and detailed information was available in relation to chemical and other substances used at the practice. Staff had access to information on how to deal with accidental exposure to harmful substances and materials. We noted that cleaning materials and other substances were stored securely and accessible to relevant staff.

The practice health and safety policies and procedures were reviewed on a regular basis and any changes were discussed during practice meetings to help ensure that staff were aware of their responsibilities. A health and safety risk assessment was in place, which assessed risks associated with the practice premises and equipment. This assessment was reviewed periodically and updated as required.

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

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

## Infection control

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

The practice had suitable arrangements for manual, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The dental nurse who we spoke with was able to demonstrate that they understood and adhered to these arrangements.

The practice 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 findings from these audits were shared with staff to help maintain appropriate staff practices and to identify and improve any areas as required. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A legionella risk assessment was in place and this was reviewed regularly. There were procedures for flushing and disinfecting dental waterlines, periodic testing the quality of water and for monitoring hot and cold water temperatures to minimise these risks.

The practice was clean when we inspected and patients who we spoke and those who completed comment cards confirmed this was usual. A number of patients commented on the high standard of cleanliness and hygiene within the practice.

We saw that there were systems in place for the storage and disposal of waste including clinical waste in line with current waste regulations.

## Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations for sterilising and X-ray equipment. We saw records for checks, maintenance and servicing for electrical equipment and installations.

Improvements were needed to ensure that prescriptions were stored securely and their use monitored as described in current guidance. Immediately following our inspection we were provided with evidence that the systems for storing and monitoring prescriptions had been strengthened and were in line with current guidance.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

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

We saw some evidence that the dentists justified, graded and reported on the radiographs they took. The most recent radiograph audit had been carried out in 2015.

## Are services safe?

Following our inspection we were provided with evidence that a system for annual radiography audits had been implemented and that the results were shared and areas for improvement were identified, shared and acted on.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

Patients were provided with detailed information about their treatment and the dentists carried out regular reviews to monitor treatment for effectiveness and outcomes for patients.

The dentists who we spoke with described their assessment and treatment of patients in line with recognised guidance. These assessments included oral examinations of soft and hard tissues, cancer screening checks and checks for gum disease.

Some of the dental care records, which we viewed, did not contain all of the information about the Dental assessments or treatment options available.

The practice had recently introduced a system to audit dental records to improve the standard and content of dental care records.

### Health promotion & prevention

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

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

The dentists told us that where appropriate they discussed smoking, alcohol consumption and diet with patients during appointments.

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

### Staffing

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

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

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

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. There were clear guidelines and procedures in relation to making referrals. These included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

The practice maintained a log of all referrals and had monitoring systems to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information specific to their treatment. The treatment options, intended benefits and any potential risks were discussed with patients so that they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team undertook training and understood their responsibilities under the Act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.



# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff who we spoke with were aware of their responsibility to respect people's diversity and human rights. The practice had a range of policies in place to assist staff to understand and fulfil their roles in this area. Staff undertook training in relation to equality, diversity and confidentiality.

Patients commented positively that staff were professional, respectful and considerate. We saw that the receptionist treated patients with respect and was welcoming, helpful and friendly towards patients at the reception desk and over the telephone. Patients told us that receptionists were friendly, caring and kind. They said that the whole staff team made patients feel welcome when they visited the practice.

Nervous patients said staff listened, were compassionate and helped put them at ease. A number of people commented that the dental team were particularly good at making children feel comfortable when they visited the practice.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas

open plan in design and the receptionist and staff were mindful when speaking with patients at the reception desk and on the telephone. Staff told us that if a patient asked for more privacy they would take them into another room.

There were information leaflets and magazines available in the waiting area.

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that they did not feel rushed during their appointment and that staff listened to them. A number of patients commented that their dentist explained everything in so that they could understand and be able to make decisions about their treatment.

The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options

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

The practice provided patients with information about the range of treatments available at the practice. These included general dental treatments and treatments for gum disease.

# 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. Dedicated emergency appointments were available each day at the end of the morning surgery. A number of patients commented that they were always able to access appointments for dental emergencies.

Patients told us that the receptionists were helpful and always did their utmost to arrange appointments that met their needs. They also said that they had enough time during their appointment and did not feel rushed. A number of patients commented that appointments always ran on time and that they were never kept waiting beyond their appointment time. We noted that appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

### Promoting equality

The practice carried out regular reviews to ensure that the systems in place were suitable and reflect the needs of patients. The practice was located on the ground and first floor. The dental surgeries were located on the ground floor and accessible to patients with reduced mobility and wheelchair users. Due to a lack of space the practice did have disabled access toilet facilities. The practice had an induction hearing loop and some signage including was provided in braille.

Staff said they could provide information in different formats and languages to meet individual patients' needs.

### Access to the service

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

We confirmed the practice kept waiting times to a minimum. Patients told us that they were seen promptly.

The practice was committed to seeing patients experiencing pain on the same day and dedicated emergency appointments were available. The patient information leaflet, posters displayed in the waiting area and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. This included information to ensure that patients received an apology, an explanation about what had gone wrong and assurance as to what action would be taken to make improvements. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

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

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

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed that complaints received were investigated and responded to appropriately. Any learning outcomes were discussed with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The responsibility for the management, clinical leadership and for the day to day running of the service was shared between the registered manager and the practice manager. Staff knew the management arrangements and their roles and responsibilities. Staff had identified lead roles and oversight for areas including safeguarding, infection control and radiation protection. 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 and maintain the quality of the service and make improvements where needed. The outcomes from risk assessments, audits and reviews were shared on a regular basis for learning and improvement. Action plans were developed and implemented where needed to maintain and improve quality and safety within the practice.

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

### Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

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

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

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of various aspects of the service including safety and risk, and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

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

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

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used patient surveys and verbal comments to obtain and patients' views about the service. These were carried out each month and included surveys for children. The results from the patient surveys were analysed and discussed with staff to help improve patient's experience. The results were also displayed in the patient waiting area.

NHS Patients were encouraged to complete the Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

We reviewed the results of the most recent surveys and these showed that 100% of patients who participated were either 'extremely likely' or 'likely' to recommend the dental practice to their family and friends. A number of patients told us that they had or would recommend the dental practice.