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Stoke Newington Dental Care

Inspection Report

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Overall summary

We carried out this announced inspection on 6 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. 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

Stoke Newington Dental Care is in Stoke Newington and provides NHS and private treatment to patients of all ages.

The practice is set out over one level on the ground floor. There is level access for people who use wheelchairs and pushchairs. Car parking is available in nearby road for a fee. Local transport services including bus and train stations.

Summary of findings

The dental team includes three dentists, two dental nurses, two trainee dental nurses, one dental hygienist, three receptionists and a practice manager. The practice has four treatment rooms.

The practice is owned by a partnership 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 Stoke Newington Dental Care was the practice manager.

On the day of inspection we collected four CQC comment cards filled in by patients and spoke with three other patients. This information generally gave a positive view of the practice.

During the inspection we spoke with two dentists, one dental nurse, two trainee dental nurses, one dental hygienist, two receptionists, the practice manager and the compliance manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9.00am to 6.00pm; Friday 9.00am to 4.00pm and Saturday 9.00am to 1.00pm.

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 dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and friendly. The dentists discussed treatment with patients so they could give informed consent and 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 seven people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, respectful and caring. They said that they were given helpful and honest explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

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

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 in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

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

Are services well-led?

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. This included a general incident policy as well as a RIDDOR policy. Staff knew about these and understood their role in the process.

There had been two accidents reported in the past 12 months. The practice recorded, responded to and discussed all incidents to reduce risk and support future 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 in a folder which was accessible to all staff.

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 whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination. Details of the local contacts for adult and child safeguarding were displayed in the practice staff room and in the policy.

The practice followed relevant safety laws when using needles and other sharp dental items. 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. There had not been any events in the past 12 months.

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.

Staff recruitment

The provider had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at nine staff recruitment records. These showed the practice were broadly followed their recruitment procedure. Some interview notes, induction and references were missing from some files.

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. We saw the health and safety risk assessments completed in August 2017. Staff told us they were conducted every six months. Risk assessments covered lone working, use of equipment, physical environment and pregnant workers.

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. The hygienist generally worked alone and there was a risk assessment in place to cover this. If the hygienist required a dental nurse to work with them, this arrangement was possible.

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.

Are services safe?

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. The risk assessment was carried out in October 2015.

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

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. This included annual servicing of autoclaves and an up to date pressure vessel certificate

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

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 in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographies they took. The practice carried out rad audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography. Certificate was not available for one dentist however they assured us they had completed it and advised they would forward confirmation as soon as possible.

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 promoted 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 all children based on an assessment of the risk of tooth decay for each child.

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

Staffing

Staff new to the practice had a period of induction based on an induction programme. Not all staff had a structured induction however the practice manager confirmed that basic inductions were completed with all new staff,

including temporary staff. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

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 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 we spoke with 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 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 dentists were aware of the need to consider this when treating young people under 16. Staff we spoke with 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 caring and empathetic. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone. Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. 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 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 and patient survey results were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients 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, and although some feedback we received indicated that this did not always happen.

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.

Each treatment room had a screen so the dentists could show patients photographs, videos and radiography images when they discussed treatment options. Staff also used videos 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

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. Specific slots were reserved each day to accommodate this.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. This included making appointments later in the day to accommodate and respect religious periods such as Ramadan, arranging sign language interpreters for patients with hearing problems and making adjustments for nervous patients.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access for patients with mobility problems and a hearing loop. None of the surgeries were wheelchair accessible. The practice manager told us they would refer patients to local accessible practices if required.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter/translation services which included British Sign Language. The staff team was multi lingual and staff spoke languages including, Romanian, Greek, Spanish, Malaysian, Polish and Arabic.

Access to the service

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

The practice was committed to seeing patients experiencing pain on the same day. If this situation occurred patients were asked to come in and wait to see a dentist. They also had associated practices close by who had longer opening hours so patients were also referred to these practices if necessary. 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 routine and emergency appointments fairly easily.

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 manager was responsible for dealing with these.

The practice manager told us they aimed to settle complaints in-house and where appropriate 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. Details of all complaints were sent to their head office for analysis

We looked at comments, compliments and complaints the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

For example, some complaints related to not being able to get through on the telephone. The managers told us that they were updating the telephone system to have a call waiting facility. This improvement was planned to be completed within the next six months.

Are services well-led?

Our findings

Governance arrangements

The compliance manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service.

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. We discussed the duty with the compliance manager and they gave a comprehensive explanation. The provider also ensured staff were aware of the Duty by providing training sessions.

Staff told us there was an open, relaxed culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this during team meetings. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings.

The practice held meetings on a monthly basis where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information. We reviewed the minutes for the past three months and saw that topics such as staffing, safeguarding and updates were discussed.

Learning and improvement

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

The staff team were not receiving regular annual appraisals. However staff confirmed that they discussed learning needs, general wellbeing and aims for future professional development with managers.

The practice manager told us they completed mandatory training, including medical emergencies and basic life support and first aider training each year. The compliance manager told us that the provider valued training and provided annual subscriptions for all staff for online training. The General Dental Council requires clinical staff to complete continuous professional development. We saw that staff completed regular training to maintain their CPD although evidence through certificates were missing for some dentists.

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

The practice used patient surveys to obtain staff and patients' views about the service. We saw the results of the survey conducted in August 2017. The results were generally positive with most patients being satisfied with the quality of the service provided.

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.

Staff were able to provide feedback about the service and also make suggestions. For example there were processes in place for them to suggest future training areas. We saw that their feedback was listed to and as a result of feedback training had been arranged for impression taking and fluoride.