

Mr. John Dineen

John Dineen Dental Surgery

Inspection Report

229 High Road,
Leyton
London
E10 5QE
Tel: 020 8558 6036
Website: No website

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Overall summary

We carried out this announced inspection on 8 June 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 that we were inspecting the practice. They 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 not providing well-led care in accordance with the relevant regulations.

Background

John Dineen Dental Surgery is in Leyton in the London Borough of Waltham Forest and provides NHS and private treatment to patients of all ages.

The dental practice is located on the ground of an adapted residential property and there is level access for people who use wheelchairs and pushchairs.

The dental team includes the principal dentist and one associate dentist, five dental nurses and a practice

Summary of findings

manager. Reception duties are carried out by the practice manager and other staff on a rota basis. The practice has three treatment rooms which are located on the ground floor.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 21 CQC comment cards filled in by patients and spoke with five other patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, two dental nurses 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 5.30pm on Mondays to Fridays (excluding Bank Holidays) and between 8am and 1pm on Saturdays.

Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance and these were regularly audited to ensure their effectiveness.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures which were followed when employing new staff.
- 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 including patients who required emergency dental treatment.
- Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.

- The practice had systems to deal with complaints positively and efficiently.
- Staff were trained in basic life support and knew how to deal with emergencies. However some medicines and life-saving equipment as per current national guidelines were not available. The practice responded immediately to procure these pieces of equipment and medicines.
- The practice had some systems to help them manage risks and monitor quality though improvements were required in the overall governance and risk management structure of the practice. .

We identified regulations the provider was not meeting. They must:

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

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review its responsibilities as regards the Control of Substances Hazardous to Health (COSHH) Regulations 2002 and ensure all documentation is up to date and staff understand how to minimise risks associated with the use and handling of these substances.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff.
- 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 the protocols and procedures for use of X-ray equipment taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.

Summary of findings

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray ensuring compliance with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Review the practice's protocol and staff awareness of their responsibilities under the Duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Review the practice's audit protocols to ensure audits of various aspects of the service, such as radiography are undertaken at regular intervals to help improve the quality of service. Practice should also ensure, that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.
- Review the use of risk assessments to monitor and mitigate the various risks arising from undertaking of the regulated activities.

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.

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.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had systems and processes to provide safe care and treatment. These included arrangements for dealing with medical and other emergencies, identifying and managing risks and maintaining equipment.

Monitoring of these systems and processes however required improvement to ensure that they were followed and adhered to and that there were systems to use learning from incidents where these occurred to help them improve.

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 excellent. Patients commented that the dentists were professional and attentive.

The dentists discussed treatment with patients so they could give informed consent and recorded this in their records. Improvements were required to ensure there was an adequate system in place to ensure accurate, complete and contemporaneous records were being maintained securely in respect of each service user.

The practice had arrangements when patients needed to be referred to other dental or health care professionals. Improvements could be made to have systems in place to follow up on referrals to ensure that these were dealt with promptly.

The practice supported staff to complete training relevant to their roles but did not have systems to help them monitor this.

No action



Are services caring?

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

No action



Summary of findings

We received feedback about the practice from 26 people including five patients who we spoke with on the day of the inspection. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, polite and caring. They said that they were given detailed information about their treatment, time to consider their treatment options 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 and that they were particularly kind and sensitive when treating children.

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

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 and dedicated time was allocated each day to see patients who needed emergency treatment.

Staff considered patients' different needs. This included providing step free access for wheelchair users and families with children. The practice could 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.

No action



Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations. (We have told the provider to take action (see full details of this action in the Requirements Notice section at the end of this report).

There was a clearly defined management structure, but the lack of robust risk assessment and management systems affected the day to day management of the practice. The practice had limited arrangements to ensure the smooth running of the service. These included limited systems for the practice team to discuss the quality and safety of the care and treatment provided.

The patient dental care records were not always clearly written or stored securely.

The practice did not adequately monitor clinical and non-clinical areas of their work effectively to help them improve and learn.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had some policies and some procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff had some understanding about their role in the process.

The practice did not record or respond to all incidents in line with their procedures and these were not routinely discussed and shared to reduce risk and support future learning.

The practice had not received or reviewed national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA) since 2010. The principal dentist, the practice manager and one dental nurse who we spoke with were unable to tell us about recent safety alerts which were relevant to dental practices. There was also no system to alert national agencies of patient safety incidents involving medical devices, medicines and materials used in the dental practice.

Immediately after the inspection the practice signed up to the alerts systems and also assured us that they were reviewing retrospectively to ensure that any alerts that might be applicable to the practice were actioned.

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. Improvements could be made to ensure a dedicated safeguarding lead was in place to better oversee and monitor the practice safeguarding procedures.

We saw evidence that all but one member of staff received safeguarding training. Staff who we spoke with 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 in line with relevant guidance and guidelines. The practice followed relevant safety laws when using needles and other sharp dental items. The associate dentist used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment. The principal dentist confirmed that they did not routinely use a rubber dam and that they did not record the reason for this or the other measures they employed to minimise risks to patients.

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.

Some emergency equipment and medicines were not available as described in recognised guidance. For example there was no buccal Midazolam available and the practice did not have any oropharyngeal airways.

There were procedures in place to check medicines and equipment. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order. We noted that the paediatric pads for use with the Automated External Defibrillator were past their use by date.

The practice sent us evidence that immediately after the inspection midazolam, airways and paediatric AED pads were purchased and received at the practice.

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 staff records. These showed the practice followed their recruitment procedure and that the appropriate checks had been carried out before new staff started work at the practice. Employment references, where applicable and proof of identity were sought as part of the recruitment process.

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

Monitoring health & safety and responding to risks

Are services safe?

Improvements were needed to ensure that health and safety policies and risk assessments were up to date. Some of the risks assessments had not been historically reviewed as part of an ongoing system to help manage potential risk.

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.

There were some arrangements to protect patients from exposure to substances which may be hazardous to health such as cleaning and other materials. However the information available did not include to how to deal with accidental exposure to harmful substances and materials.

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 and staff safe. Improvements could be made to ensure all staff were following the practice policies in relation to personal protective equipment (PPE) and wore full uniform protective clothing when treating patients.

The staff 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 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 had a process for carrying 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 reviewed annually. Any areas for improvement were acted on promptly. There were procedures for flushing and disinfecting dental waterlines, checking hot and cold water temperatures and analysing water samples.

We saw cleaning schedules for the clinical areas within the premises. The practice clinical areas were clean when we inspected and patients confirmed this was usual. Patients told us that the practice was always clean and hygienic.

Equipment and medicines

We saw servicing documentation for the equipment used. These showed that some equipment checks had not been carried out routinely or actions taken in line with the manufacturers' recommendations.

For example an issue had been identified in with one X-ray machine in 2015. The principal dentist could not demonstrate that they had acted on the recommendations made by the servicing company and there were no records of further servicing for this equipment until 2017. At the time of our inspection this equipment was not being used and alternative X-ray equipment in other surgeries was available.

The practice had suitable systems for prescribing and storing medicines.

The practice stored and kept records of NHS prescriptions securely. Improvements could be made to ensure systems were in place for monitoring the use of prescriptions to minimise the risk of misuse, as described in current guidance.

Radiography (X-rays)

The practice had 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, with the exception of one X-ray machine. At the time of our inspection this X-ray machine was decommissioned and a replacement machine had been ordered

The dentists maintained a log with a grade for each X-ray image though they did not routinely record the justification for taking X-rays in patients' dental care records or elsewhere.

X-ray audits were not carried out to check and monitor the grading of X-ray images in line with current guidance and

Are services safe?

legislation. Records and discussions with staff showed that all clinical staff, with the exception of the principal dentist had 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 dentists assessed patients' treatment needs and recalled patients for reviews in line with recognised guidance. The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. The content and detail contained within these records varied and some records did not demonstrate that the dentists recorded the necessary information.

We also noted there was lack of an adequate system in place to ensure accurate, complete and contemporaneous records were being maintained securely in respect of each service user.

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

The dentists told us they discussed smoking with patients during appointments where this was appropriate. The principal dentist at the practice offered hygiene appointments to provide preventive dental care and advice and to promote oral health.

Staffing

Staff new to the practice had a period of induction based on a structured programme which included mentoring and support so that they could become familiar with the practice policies and procedures. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us that they were supported to carry out their roles and responsibilities within the practice. They said that they had opportunities to discuss their training needs at annual appraisals. We saw evidence of completed appraisals for some but not all staff. These appraisal records included personal development plans and these were used to monitor and support staff development.

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. Improvements could be made to ensure the practice monitored the referrals to ensure 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 this and said their dentist listened to them and gave them clear information about their treatment. They told us that their dental treatment was explained in a way that they could understand before they gave their consent to 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 and dental nurses 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 we spoke with were aware of their responsibility to respect people's diversity and human rights. The practice had policies and procedures in place around respecting patients and treating them with dignity and compassion.

Patients commented positively that staff were friendly, warm and welcoming; they said that they were treated with respect and kindness. 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 were caring and understanding and that the dentists were calm and helped to alleviate their fears.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided some privacy when reception staff were dealing with patients. We observed that 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. 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.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that their dentist 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. This information was not consistently recorded in the patients' dental record.

Patients told us staff were kind and helpful 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 dentistry and treatments for gum disease and preventive treatments.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described varying levels of satisfaction with the responsive service provided by the practice. Some patients reported difficulties in accessing appointments and said that they often had to wait long periods between appointments.

Staff told us that patients who requested an urgent appointment were where possible 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 currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access adapted toilet facilities.

Staff working at the practice spoke a number of languages including French, Spanish, Polish and Russian. The practice staff told that they could also access to external telephone interpreter and translation services should these be required.

Access to the service

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

The practice was committed to seeing patients experiencing pain on the same day and on occasions offered early morning appointments from 7.30am and evening appointments up to 7pm for patients who required urgent dental care.

The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The majority of 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 also advised patients how to make a complaint and how patients could escalate their concerns should they remain dissatisfied. The practice manager shared was responsible for dealing with complaints. 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 invited patients to speak with them in person to discuss these.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed that the practice had received no complaints within this time.

Are services well-led?

Our findings

Governance arrangements

The principal dentist 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 and staff knew the management arrangements.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. Improvements were required to ensure the policies and procedures were bespoke to the practice, were up to date and were reviewed to ensure that they were accurate and reflected current guidance.

The practice had some arrangements to monitor the quality of the service. However these were not consistently maintained or used to make improvements. There were no arrangements in place to receive, review and act on safety alerts and minimal systems in place for reporting, investigating and learning from incidents, accidents and 'near misses'.

The practice did not have effective systems in place for monitoring ongoing arrangements to assess and minimise risks. For example reviewing the arrangements for dealing with medical emergencies to ensure that the recommended medicines and equipment were available to staff.

Improvements were required to ensure that equipment was serviced and maintained in line with the manufacturers' recommendations and that any recommendations arising from maintenance and servicing checks were carried out.

Audits were not carried out to ensure that X-rays were graded, justified and reported in line with current guidance and legislation.

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 told us there was an open, no blame culture at the practice. They said the dentists and the practice manager

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 dentists and the practice manager were approachable. Improvements could be made to ensure staff were aware of the requirements of the Duty of Candour to be open, honest and to offer an apology to patients if anything went wrong.

The practice held regular meetings where some day to day issues in relation to the management of the practice were discussed.

Learning and improvement

The practice had limited quality assurance processes to encourage learning and continuous improvement. The outcomes from risk assessments, audits and reviews where these were carried out was not routinely shared or action plans implemented to maintain and improve quality and safety within the practice.

Some but not all staff had annual an appraisal of their performance. 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.

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

The practice used patient's verbal comments and a suggestion box to obtain staff and patients' views about the service. Improvements could be made to ensure results from the patient surveys were analysed and shared with staff to help improve patient's experience.

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. We reviewed the results of these surveys from the previous four months 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.

Requirement notices

Action we have told the provider to take

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

| Regulated activity | Regulation |
|--|---|
| Diagnostic and screening procedures | Regulation 17 HSCA (RA) Regulations 2014 Good governance |
| Surgical procedures | Regulation 17 HSCA (RA) Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 How the regulation was not being met: There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: Audits were not carried out to ensure that X-rays were graded, justified and reported in line with current guidance and legislation. There were no systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk In particular: There was lack of arrangements for dealing with medical emergencies to ensure that the recommended medicines and equipment were available to staff. There was lack of arrangements for ensuring that equipment was serviced and maintained in line with the manufacturers' recommendations and that any recommendations arising from maintenance and servicing checks were carried out in a timely manner. |

This section is primarily information for the provider

Requirement notices

There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user.

In particular:

The current system for transferring paper based records into an electronic format did not ensure that these records were accurate, complete and contemporaneous in respect of each service user.

Regulation 17 (1)