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# Broadway Dental Clinic

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 24 October 2023 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 practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations.

The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and most life-saving equipment were available. The practice had put processes in place to replace out of date equipment.
- The practice had some systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation. Not all records contained hepatitis B immunity records.

# Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

Broadway Dental Clinic is in Loughton, Essex and provides NHS and private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 6 dentists including 1 foundation dentist, 1 visiting specialist, 6 dental nurses including 1 trainee dental nurse, 1 dental hygienist, 1 practice manager and 1 receptionist. The practice has 4 treatment rooms.

During the inspection we spoke with 3 dentists, 2 dental nurses, 1 receptionist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Thursday from 9am to 5.15pm.

Friday from 9am to 4.30pm.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry. In addition, improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff. In particular, staff training records and hepatitis B immunity status.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective. In addition ensure the air conditioning system is serviced in line with manufacturers recommendation.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. The practice had undertaken an infection prevention and control (IPC) audit in October 2023. The practice manager was new in post and was aware IPC audits should be undertaken bi-annually. We were told the practice was putting systems in place to ensure these were completed as frequently in line with recommended guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We noted the actions required detailed in the risk assessment had been put in place, however these had not been recorded as completed actions in the risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. However, we found not all staff recruitment records had documented the staff members hepatitis B immunity. Following the inspection, we noted the practice had documented staff immunity records and where immunity or vaccines were not completed, the practice had undertaken a risk assessment.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. There was scope to ensure the practice held confirmation of all staff training. Following the inspection, we noted the practice had obtained complete staff training records.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice were unable to confirm if the air conditioning system had been serviced. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. However, due to a fault in the system the practice had been unable to complete weekly fire alarm tests since June 2023. We discussed this with the practice manager who confirmed they would be contacting the servicing company to resolve the fault. The management of fire safety was mostly effective.

The practice had some arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT), equipment. We noted the practice did not have a record available of its registration with the Health and Safety Executive. We discussed this with the practice manager and were assured this would be provided immediately following the inspection.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working.

# Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted some items in the medical emergency equipment were out of date or unpouched. These included size 1 oropharyngeal airways, oxygen tubing, paediatric masks and bag. We discussed these with the practice manager and we noted these items had been ordered prior to the inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

## **Information to deliver safe care and treatment**

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out. Following the inspection, the practice implemented an antimicrobial audit.

## **Track record on safety, and lessons learned and improvements**

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice. This included regular information updates from the Chief Dental Officer and NHS England. In addition, the practice held daily staff discussions, formalised team practice meetings and weekly clinical and compliance communications.

The practice had access to digital X-rays to enhance the delivery of care.

We saw the provision of dental implants was in accordance with national guidance.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

Oral health advice and preventative care was provided by the dentists and the dental hygienist.

The practice sold dental sundries such as interdental brushes and dental floss to help patients manage their oral health.

Patient records included details of advice given in relation to diet, oral hygiene instructions and guidance on the effects of alcohol consumption on oral health. Dentists discussed the effects of smoking on oral health with patients as necessary and directed patients to local stop smoking services when appropriate.

Information leaflets were available to patients as recommended by the dentist or upon request. These were available in a larger font as required.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

### **Monitoring care and treatment**

The practice kept detailed patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

# Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff were aware of their responsibility to respect people's diversity and human rights.

Patient feedback we reviewed was generally positive. We looked at online reviews. We observed numerous positive interactions, in person and on the telephone, between staff and patients. Patients commented on specific support and kindness provided by staff during their treatment. Comments reviewed from patients reflected a high level of satisfaction with the quality of their dental treatment and the staff who delivered it.

Staff described to us some of the ways they enabled nervous patients to undergo their treatments.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

The practice offered longer appointments for nervous patients.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place. However, there was scope to ensure increased CCTV signage was displayed within the practice.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included photographs, study models and X-ray images.



# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including level access, ground floor treatment rooms, grip and handrails on stairs for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website, patient information leaflet and on social media pages.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's 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 who needed an urgent appointment were offered one in a timely manner; appointment slots were available each day to see patients with a dental emergency. When these were full staff would speak with a dentist to identify the urgency of the appointment. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Information about how patients could raise their concerns was available in the waiting area and the staff spoke knowledgeably about how they would deal with a complaint. Staff discussed outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

The practice staff demonstrated a transparent and open culture in relation to people's safety.

The practice manager was new in post and was in the process of reviewing and embedding the practice governance processes and procedures, with emphasis on people's safety and continually striving to improve.

Staff worked together in such a way that where the inspection highlighted any issues or omissions, the practice took action to resolve these.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

### **Culture**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. The practice manager was in the process of implementing annual appraisals.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Patients were encouraged to complete feedback information. The practice had scored 4 stars out of 5 from 41 online reviews.

### **Continuous improvement and innovation**

# Are services well-led?

The practice had some systems and processes for learning, quality assurance and continuous improvement. These included audits of disability access and radiographs. However, there was scope to ensure audits of patient care records and antimicrobial prescribing were undertaken, and infection prevention and control audits were undertaken as frequently as recommended guidance. Staff mostly kept records of the results of these audits and the resulting action plans and improvements.