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Old Harlow Dental Practice

Inspection report

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Overall summary

We carried out this announced inspection on 25 April 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 life-saving equipment were available.
- The practice had 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.
- Clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff felt involved, supported and worked as a team. They expressed high levels of satisfaction in their job and with senior staff.
- Staff and patients were asked for feedback about the services provided.
- Auditing systems were good and were used effectively to drive improvement.
- Recruitment procedures were not robust and appropriate checks had not always been obtained for new staff working at the practice.

Background

Old Harlow Dental Practice provides both NHS and private dental care and treatment for adults and children. The dental team includes 3 dentists, 4 dental nurses, 2 dental hygienists, 1 receptionist and 2 practice managers. The practice has 3 treatment rooms.

There is ramp access to the practice for people who use wheelchairs and those with pushchairs. Public car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

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

The practice is open on Mondays to Fridays from 9am to 5.30pm.

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

- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	No action ✓

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 lead for safeguarding issues was the principal dentist and he had undergone level 3 training for this role. We noted detailed information about safeguarding procedures around the practice and in the patient toilet, making it easily accessible. The practice kept a register for children who had not been brought for their appointment so these could be monitored and followed up if necessary.

Staff were aware of the practice's whistle blowing policy and a specific member of staff had been appointed as the Freedom to Speak Up Guardian.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. Dental nurses spoke knowledgeably about how they managed the dental unit water lines to prevent infection.

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, which reflected the relevant legislation. However, we found that appropriate Disclosure and Barring Services checks had not always been obtained for staff at the point of their employment.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment had been carried out recently in line with the legal requirements and we noted that its recommendation to undertake fire drills and display no smoking signs had been implemented. We viewed paperwork which showed fire safety equipment was regularly tested and serviced.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

We noted clear and effective signage around the practice, highlighting areas of health and safety risk.

Risks to patients

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

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and all staff, 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 were hazardous to health.

Are services safe?

Information to deliver safe care and treatment.

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

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines, including prescriptions. Anti-microbial prescribing audits were undertaken to ensure that clinicians were following the latest prescribing guidance.

Track record on safety, and lessons learned and improvements.

The practice had systems to review and investigate incidents and accidents. We noted detailed records of several unusual Events and good evidence that they had been discussed so that learning and improvement could be shared across the staff team.

The practice had a system for receiving and acting on national 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. We found clinicians provided patients' care and treatment in line with current guidelines. 100% of respondents who had completed the patient survey stated they had confidence in the knowledge and skills of the clinicians.

A range of clinical audits were completed to ensure patients received effective and safe care.

Helping patients to live healthier lives.

The practice provided preventive care and supported patients to ensure better oral health. The practice sold a range of sundries including interdental brushes, mouthwash and dental floss. Two dental hygienists worked at the practice to support patients with their oral health.

We noted a good range of information leaflets that were easily available for patients on topics such as oral cancer, diet, smoking and gum disease.

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.

We saw evidence the dentist 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. Staff told us they did not feel rushed in their role and most days there was a dental nurse to undertake dedicated decontamination duties.

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.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Patients' referrals were actively tracked and monitored to ensure their timely management.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff told us of the extra care they had provided for one patient who had fainted, and to another who had fallen outside the practice injuring their head. We spoke with a patient during our inspection, who told us the dentist that treated them was incredibly understanding and empathetic of their dental phobia and worked hard to reassure them throughout their treatment.

Many of the staff had completed recent training in learning disability and autism to help them better understand patients living with these conditions.

Privacy and dignity

Staff were aware of the importance of confidentiality and the receptionist described to us some of the practical ways they ensured patient privacy at the reception desk. The practice had converted an old X-ray room to a patient consultation room for enhanced privacy.

Computer screens at reception were not overlooked and staff password protected patients' electronic care records and backed these up to secure storage. Archived patients' notes were held securely in locked fireproof filing cabinets.

Involving people in decisions about care and treatment

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

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. 95% of respondents in the practice's patient survey stated that their opinion was always taken into account when discussing treatment options with clinicians.

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 had made reasonable adjustments, including ramp access, an accessible toilet, luminescent fire signs, large print information and a portable induction loop.

Staff could access translation services for patients who did not understand or speak English. The practice team spoke a range of languages including Romanian, Polish, Lithuanian and Greek.

Timely access to services

The practice displayed its opening hours and provided information on their website.

At the time of our inspection the practice was not able to take on new patients. However, the practice operated a new patient waiting list which was opened when capacity allowed.

Patients could access dental care from the practice within an acceptable timescale for their needs, with waiting times for treatment at about 3 to 4 weeks. 85% of respondents who had completed the practice's patient survey stated that they were usually able to book an appointment at a time of their choice.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients could sign up for a text and email appointment reminder service.

Listening and learning from concerns and complaints

Information about how patients could raise their concerns was available in the waiting area. We viewed the paperwork in relation to two recent patient complaints and noted they had been dealt with in an open, empathetic, and timely way. Complaints were discussed at practice meetings so that any learning from them could be shared with the staff team.

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.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions. We found all the staff to be knowledgeable, professional and committed to providing a good service to their patients.

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities, which were clearly outlined in the staff area.

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 reported that the practice manager and principal dentist were very approachable and listened to their needs. They often gave staff vouchers for spa treatments or the cinema to show their appreciation of them and their work.

At the end of our inspection the principal dentist invited all the staff to be present at the feedback, demonstrating an open and inclusive culture.

Governance and management

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

Communications systems in the practice were good with regular staff meetings, detailed minutes of which we viewed.

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. Policies were discussed at the regular practice meetings and staff then completed a knowledge test to ensure they understood them.

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

Patients were able to give feedback about their experience in several ways, including surveys, the Friends and Family Test, and a suggestion box which was kept in the waiting area. Patients also completed online reviews and at the time of our inspection the practice had scored 4.4 stars out of 5, based on 64 reviews.

Are services well-led?

Feedback from staff was obtained through surveys, meetings and informal discussions. Results of these were actively analysed by the practice manager so areas of improvement could be identified. Staff were encouraged to offer suggestions for improvements and their requests for flexible working hours, an additional phone line and updated kitchen wear had been implemented.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, hand hygiene, waste, patient consent and infection prevention and control. Staff kept records of the results of these audits, and we found they were used effectively to drive improvement.

The practice manager had a good oversight of staff training, and all staff had a personal development plan in place. Training records we viewed were detailed and demonstrated that staff undertook a wide range of regular training for their roles.