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Eastbrook Dental Practice

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 14 October 2015 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

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.

Eastbrook Dental Practice is located in the London Borough of Greenwich. The practice is on the ground floor, with one treatment room and a toilet. There is also a reception and waiting area.

The practice provides NHS and private dental services and treats both adults and children. The practice offers a range of dental services including routine examinations and treatment.

The staff structure of the practice was comprised of the principal dentist, a dental nurse and a practice manager. The practice was open Monday from 10am-8pm, Wednesday from 9am-5.30pm and Friday from 8am to 3.00pm.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons 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 inspection took place over one day and was carried out by a CQC inspector and a dental specialist advisor.

We reviewed 19 Care Quality Commission (CQC) comment cards completed by patients and we spoke with two patients during our inspection. The feedback from the patients was positive in relation to the care they received from the practice. They were complimentary about the friendly and caring attitude of the staff.

Our key findings were:

- Patients' needs were assessed and care was planned in line with best practice guidance, such as from the National Institute for Health and Care Excellence (NICE).

Summary of findings

- Equipment, such as the air compressor, autoclave (steriliser), and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients indicated that they felt they were listened to and that they received good care from a helpful and patient practice team.
- There was a complaints procedure available for patients.
- The practice had good governance arrangements and a clear management structure.

There were areas where the provider could make improvements and should:

- Establish a system for recording the induction of agency staff.
- Review the storage of dental care records to ensure they are stored securely. Review the practice's policies and ensure they are up to date.
- Review its current systems to seek and act on patient feedback.
- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's protocols for auditing radiographs and ensure the reason for taking the X-ray are documented giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review its audit protocols to ensure audits of various aspects of the service, such as radiography and dental care records are undertaken at regular intervals to help improve the quality of service. Practice should also ensure all audits have documented learning points and the resulting improvements can be demonstrated.

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 in place to minimise the risks associated with providing dental services. The practice had policies and protocols related to the safe running of the service. Staff were aware of how to access these. There was a safeguarding lead and staff understood their responsibilities in terms of identifying and reporting any potential abuse. Equipment was well maintained and checked for effectiveness. The practice had systems in place for waste disposal, the management of medical emergencies and dental radiography.

Are services effective?

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

The practice could demonstrate they followed guidance, for example, issued by the National Institute for Health and Care Excellence (NICE). The practice monitored patients' oral health and gave appropriate health promotion advice. Staff explained treatment options to ensure that patients could make informed decisions about any treatment. There were systems in place for recording written consent for treatments.

The practice worked well with other providers and made referrals where appropriate.

Records were complete in relation to continuous professional development (CPD) and the practice was able to fully demonstrate staff, where applicable, were meeting all the training requirements of the General Dental Council (GDC). However, we did find that staff had not had training in the Mental Capacity Act in recent years.

Are services caring?

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

We received feedback from patients on the day of inspection. Patients said they were treated with dignity and respect. They noted a positive and caring attitude amongst the staff.

We found that patient confidentiality was well maintained, however, improvements could be made in the way dental care records were stored.

Are services responsive to people's needs?

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

Patients had good access to appointments, including emergency appointments, which were available on the same day. Staff had access to translation services, if required. The needs of people with disabilities had been considered in terms of accessing the service. Patients were invited to provide feedback via the 'Friends and Family' Test. However, the practice manager told us not many patients participated in this and that the practice had not fully done a patient satisfaction survey since 2012.

The practice had a complaints policy and procedure in place. We were told no complaints had been received in the past year.

Are services well-led?

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

Summary of findings

Governance arrangements were in place to guide the management of the practice. This included having appropriate policies and procedures. We were told staff meetings took place on an ad-hoc basis however these were not documented. The principal dentist assured us that staff meetings would be documented in future. Risk assessments were in place.

Eastbrook Dental Practice

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection on 14 October 2015. The inspection took place over one day. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We informed the NHS England area team that we were inspecting the practice; however we did not receive any information of concern from them.

During our inspection visit, we reviewed policy documents. We spoke with three members of staff, including the management team. We conducted a tour of the practice and looked at the storage arrangements for emergency medicines and equipment. We observed a dental nurse carrying out decontamination procedures of dental instruments and also observed staff interacting with patients in the reception area.

We reviewed 19 CQC comment cards and spoke with two patients on the day. Patients we spoke with were positive about the care they received from the practice. They were complimentary about the friendly and caring attitude of the dental staff.

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 therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

There was an effective system in place for reporting and learning from incidents. There had been no incidents reported in the past year. There was a policy in place which described the actions that staff needed to take in the event that something went wrong or there was a 'near miss'. The practice manager confirmed that if patients were affected by something that went wrong, they would be given an apology and informed of any actions taken as a result.

Staff understood the process for accident and incident reporting including the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). There had not been any such incidents in the past 12 months.

Reliable safety systems and processes (including safeguarding)

The practice had policies and procedures in place for child protection and safeguarding adults. This included contact details for the local authority safeguarding team and social services. The registered manager was the lead in managing safeguarding issues. Staff had completed safeguarding training in April 2012 and were able to describe what might be signs of abuse or neglect and how they would raise concerns with the safeguarding lead. There had been no safeguarding issues reported by the practice to the local safeguarding team.

Staff were aware of the procedures for whistleblowing if they had concerns about another member of staff's performance. Staff told us they were confident about raising such issues with the principal dentist.

The practice had carried out a range of risk assessments and the practice had implemented policies and protocols with a view to keeping staff and patients safe. For example, they had an infection control policy, health and safety policies, and had carried out risk assessments relating to fire safety, safe use of sharps (needles and sharp instruments) and legionella.

The principal dentist used rubber dam for root canal treatments. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth].

Medical emergencies

The practice had arrangements in place to deal with medical emergencies. All staff had received training in emergency resuscitation and basic life support in the past year. This training was renewed annually. There was a practice protocol for responding to an emergency.

The practice had suitable emergency equipment in accordance with guidance issued by the Resuscitation Council UK. This included emergency medicines, oxygen and an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm). We saw evidence that staff had been trained to use the AED. The emergency equipment was tested regularly and a record of the tests was kept.

Staff recruitment

There was a recruitment policy in place. We reviewed two staff files and saw that the practice carried out some relevant checks to ensure that the person being recruited was suitable and competent for the role. This included the checking of qualifications, registration with the General Dental Council (where relevant) and checks with the Disclosure and Barring Service (DBS) for clinical staff. There were also copies of references.

Monitoring health & safety and responding to risks

There were arrangements in place to deal with foreseeable emergencies. We saw that there was a health and safety policy in place. The dental nurse told us fire safety checks and drills were carried out periodically. Staff told us they had received basic fire safety training.

There were arrangements in place to meet the Control of Substances Hazardous to Health 2002 (COSHH) regulations. There was a COSHH file where risks to patients, staff and visitors that were associated with hazardous substances had been identified, and actions were described to minimise these risks.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts arrived via email to the principal dentist who then disseminated these alerts to the other staff, where appropriate.

Infection control

Are services safe?

There were systems in place to reduce the risk and spread of infection. There was an infection control policy and written protocols for the decontamination of dental instruments, hand hygiene, use of protective equipment, and the segregation and disposal of clinical waste. Staff files we reviewed contained evidence that staff had attended a training course in infection control.

The practice had followed most of the guidance on decontamination and infection control issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05)'. In accordance with HTM 01-05 guidance, an instrument transportation system had been implemented to ensure the safe movement of instruments between treatment room and the decontamination room which ensured the risk of infection spread was minimised.

There was a dedicated decontamination room. A dental nurse showed us how they used the room, and we noted that they wore appropriate protective equipment, such as heavy duty gloves and eye protection. However, the water temperature was not checked at the beginning of the procedure for cleaning instruments manually. The dental nurse rectified this on the day of the inspection.

We saw that an illuminated magnifier was used to check for any debris during the cleaning stages. Items were then placed in an autoclave (steriliser) after cleaning. They were then placed in pouches and a date stamp indicated how long they could be stored for before the sterilisation became ineffective. Sterilised instruments were transported in a 'clean' box back to the treatment room.

The autoclave was checked daily for its performance, for example, in terms of temperature and pressure checks. A log was kept of the results demonstrating that the equipment was working well. We were told regular infection control audits were carried out by the practice; the last one was carried out in August 2015.

The practice had an on-going contract with a clinical waste contractor. Waste was being segregated prior to disposal. Staff demonstrated they understood how to dispose of single-use items appropriately. However, we were told that one item, used for root canal treatment, and bearing the single-use logo, had been stored for re-use on the same patient in the past. The principal dentist undertook to ensure that this would not happen again.

Records showed that a Legionella risk assessment had been carried out by an external company. (Legionella is a bacterium found in the environment which can contaminate water systems in buildings).

We were told that a cleaning company was used to clean the practice at the end of the day. We saw that colour-coded mops buckets and clothes were in use and stored appropriately.

There were good supplies of protective equipment for patients and staff members including gloves, masks, eye protection and aprons. There were hand washing facilities in the treatment room and the toilets.

All of the staff were required to produce evidence to show that they had been effectively vaccinated against Hepatitis B to prevent the spread of infection between staff and patients.

Equipment and medicines

We found that most of the equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the air compressor, autoclaves and X-ray equipment had all been inspected and serviced in the past year. We saw portable appliance testing (PAT) was completed in accordance with good practice guidance. PAT is the name of a process during which electrical appliances are routinely checked for safety.

The practice did stock medication and we found that this was being done in accordance with good practice guidance. However we found prescription pads were not always stored securely. The principal dentist told us this would be addressed immediately.

Radiography (X-rays)

The practice kept a radiation protection file in relation to the use and maintenance of X–ray equipment. There were suitable arrangements in place to ensure the safety of the equipment. The local rules relating to the equipment were held in the file and displayed in the treatment room where X-rays were used. The procedures and equipment had been assessed by an external radiation protection adviser (RPA) within the recommended timescales. The principal dentist was the radiation protection supervisors (RPS). There was evidence in the staff files we checked that all clinical staff had completed radiation training. X-rays were audited

Are services safe?

however, we found that the reason the X-ray had been taken was not recorded. The provider undertook to amend the audit to ensure all areas required were looked at in future.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

During the course of our inspection we checked dental care records to confirm the findings and discussed patient care with the principal dentist. We found that the dentist regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). The dentist took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). However, the dentist did not record the justification of X-ray images taken on the X-ray audit. A template was created in the day of our visit to ensure all of the required information would be recorded in the future.

The records showed that an assessment of periodontal tissues was periodically undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentist to indicate the level of treatment need in relation to a patient's gums.) Different BPE scores triggered further clinical action. The dentist always checked people's medical history and medicines they were on prior to initiating treatment.

The practice kept up to date with current guidelines and research in order to continually develop and improve their system of clinical risk management. For example, the practice referred to National Institute for Health and Care Excellence (NICE) guidelines in relation to deciding appropriate intervals for recalling patients, antibiotic prescribing and wisdom teeth removal. The dentist was aware of the Delivering Better Oral Health Toolkit when considering care and advice for patients. 'Delivering better oral health' is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

Health promotion & prevention

The practice promoted the maintenance of good oral health through the use of health promotion and disease prevention strategies. Staff told us they discussed oral health with their patients, for example, effective tooth brushing or dietary advice. The dentist identified patients' smoking status and recorded this in their notes. This prompted them to provide advice or consider how smoking status might be impacting on their oral health. The dentist also carried out examinations to check for the early signs of oral cancer.

We observed health promotion materials in the waiting area. These could be used to support patient's understanding of how to prevent gum disease and how to maintain their teeth in good condition.

Staffing

Staff told us they received professional development and training. We reviewed staff files and saw that staff had completed continuing professional development (CPD) in the subjects recommended by the General Dental Council, which included responding to emergencies and infection control. There was a system in place to cover staff absenteeism. We were told agency staff were provided with an induction; however this was not documented.

Staff were engaged in an appraisal process whereby their training needs were identified and performance evaluated. We saw evidence that the principal dentist met with staff individually to discuss training needs.

Working with other services

The practice had suitable arrangements in place for working with other health professionals to ensure quality of care for their patients. The dentist used a system of onward referral to other providers, for example, for orthodontics. The practice kept a copy of the referral forms for local secondary and tertiary providers. All letters were kept in patients' dental care records. Patients were offered a copy of their referral letters. When the patient had received their treatment they were discharged back to the practice for further follow-up and monitoring.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff told us they discussed treatment options, including risks and benefits, as well as costs, with each patient. Patients confirmed that treatment options, and their risks and benefits were discussed with them. Our check of the dental care records found that these discussions were recorded. Formal written consent was obtained using standard treatment plan forms. Patients were asked to read and sign these before starting a course of treatment.

Staff were aware of the Mental Capacity Act (MCA) 2005. They could accurately explain the meaning of the term mental capacity and described to us their responsibilities to act in patients' best interests, if patients lacked some decision-making abilities. The MCA 2005 provides a legal

Are services effective?

(for example, treatment is effective)

framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. We were told that staff had not received training in recent years in this area. However, staff told us they would ensure that they had an update this year.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

The patients we spoke with or who completed CQC comment cards all commented positively on staff's caring and helpful attitude. Patients who reported some anxiety about visiting the dentist commented that the dental staff made them feel comfortable and they were well-supported by the staff.

We observed staff were welcoming and helpful when patients arrived for their appointment. The practice manager spoke politely and calmly to all of the patients. Doors were always closed when patients were in the treatment room. Patients indicated to us in their feedback that they were treated with dignity and respect at all times.

Dental care records were stored electronically and in a paper-based format. Electronic records were password protected and regularly backed up. Some paper records were not stored securely. Staff understood the importance of data protection and confidentiality. They described systems in place to ensure that confidentiality was maintained. The computer screen at reception was positioned in such a way that it could not be seen by patients. Staff also told us that people could request to have confidential discussions in the treatment room, if necessary.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of private dental charges or fees. The practice only treated exempt NHS patients, who did not have to pay for dental treatment. Staff told us that they took time to explain the treatment options available. They spent time answering patients' questions and gave patients a copy of their treatment plan. There was a patient information leaflet in the reception area which provided information about the practice such as treatment on offer and what to do in the event of a dental emergency. The patients we spoke with confirmed that patients felt appropriately involved in the planning of their treatment and were satisfied with the descriptions given by staff. They told us that treatment options were well explained; the dentist listened and understood their concerns, and respected their choices regarding treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. The dentist specified the timings for some patients when they considered that the patient would need an appointment that was longer than the typical time.

Staff told us they had enough time to treat patients and that patients could generally book an appointment in good time to see them. The feedback we received from patients confirmed that they could get an appointment within a reasonable time frame and that they had adequate time scheduled with the dentist to assess their needs and receive treatment.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its service. Staff told us they treated everybody equally and welcomed patients from a range of different backgrounds, cultures and religions. Staff told us that they had access to a translation service.

The practice was located on the ground floor. We were told patients in wheelchairs or with prams could access the treatment room on the ground floor, however, not the toilet due to its small size.

Access to the service

The practice was open Monday from 10am-8pm, Wednesday 9am-5.30pm and Friday from 8am-3pm. The practice displayed its opening hours on the door and in the practice leaflet.

Patients could book an appointment in advance. Patients told us that they could get an appointment in good time and did not have any concerns about accessing the dentist.

We asked the practice manager about access to the service in an emergency or outside of normal opening hours. They told us the answer phone message and the practice leaflet gave details on how to access out of hours emergency treatment. Staff told us that the patients, who needed to be seen urgently, for example, because they were experiencing dental pain, could be accommodated.

Concerns & complaints

The practice had a complaints policy describing how the practice would handle complaints from patients and there was information for patients about how to make a complaint in the waiting area. We were told there had been no complaints recorded in the past year. The patients we spoke with told us they could approach the practice manager or dentist if they wanted to make a complaint.

The practice had started using the NHS 'Friends and Family Test' however we were told patients rarely completed the test forms. The practice had its own patient feedback survey to identify any concerns however were told that had not been completed fully since 2012.

Are services well-led?

Our findings

Governance arrangements

The practice had good governance arrangements and a clear management structure. There were relevant policies and procedures in place, although many of these had not been updated in over a year. Staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council. Records relating to patient care and treatment were kept accurately.

There were arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. We saw a risk assessment in place for fire safety and a legionella risk assessment had been undertaken and acted upon to minimise risks.

We were told practice meetings took place on an ad-hoc basis; however we were told these were not documented. The provider undertook to minute meetings in future.

Leadership, openness and transparency

The staff we spoke with told us that they enjoyed their work and had enough time to do their job.

We spoke with the principal dentist who had a clear vision about the future of the practice which included providing high quality treatment which was preventative and patient led.

We found staff to be caring and committed and overall there was a sense that staff worked together as a team. There was a system of staff appraisals to support staff in carrying out their roles to a high standard and staff had a good, open working relationship with the principal dentist.

Learning and improvement

We saw evidence that staff were working towards completing some of the required number of CPD hours to maintain their professional development in line with requirements set by the General Dental Council (GDC).

The practice had a programme of clinical audit in place. These included audits for infection control. The audits showed a generally high standard of work. We however noted that a record keeping audit had not been completed and that the X-ray audit was incomplete.

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

The practice had a system to gather feedback from patients through the use of the 'Friends and Family Test' survey. However, we were told patients rarely completed the test survey. The practice had not fully completed a patient satisfaction survey since 2012.

Staff said they could approach the principal dentist with feedback at any time, and we found the principal dentist was open to feedback on improving the quality of the service. The appraisal system and staff meetings also provided staff with opportunities to give their feedback.