

Newham Family Dental Care Limited

Collier Row Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 27 September 2022 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 adviser.

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:

- The dental clinic was visibly 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 help them manage risk to patients and staff.
- 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.

Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

The provider has 4 dental practices across London and this report is about Collier Row Dental Practice.

Collier Row Dental is in Romford in the London Borough of Havering and provides NHS and private dental care and treatment for adults and children. The practice is also contracted by NHS England to provide Orthodontic and Tier 2 Endodontic services to provide moderately complex root canal treatment to patients.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available to the rear of the practice. In addition, paid parking is available on-street.

The dental team includes 15 dentists, 1 specialist endodontist, 1 specialist orthodontist, 5 qualified dental nurses, 4 trainee dental nurses, 1 orthodontic therapist and 1 reception staff. They are supported by 2 practice managers who work peripatetically across all four practices. The practice has 7 treatment rooms.

During the inspection we spoke with the specialist orthodontist, 2 dentists, 2 dental nurses, the receptionist and both practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between 9am and 5pm Monday to Friday. As a commissioned out of hours dental provider, urgent appointments are offered between 10am and 5pm and 7pm; 10pm on Saturday and Sunday and 7pm to 10pm Monday to Friday. These appointments are available to registered and unregistered patients experiencing emergency and urgent dental problems who reside in the local borough.

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 practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. We observed that the dental chairs were stand-alone units and did not have spittoons (an area usually inbuilt in the dental chair and used for rinsing the mouth). This minimises cross infection which could arise from patients spitting and other spillages including aerosol.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. The practice cover indemnified all employed dental nurses.

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

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

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

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 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. Although data sheets were not available for some substances, we saw that the provider took steps to rectify this immediately.

Information to deliver safe care and treatment

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

Are services safe?

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. We saw that there were fail-safe systems in place to monitor two weeks wait referrals.

The practice was a referral clinic for orthodontic and endodontic care and treatment, and we saw that staff monitored and ensured the dentists were aware of most incoming referrals. The provider told us this was identified as an area for improvement as there were instances when referrals were not actioned in a timely manner.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. At the time of the inspection, the provider told us that antimicrobial prescribing audits were not carried out. They told us that clinicians understood and adhered to guidance when prescribing antimicrobials.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. We looked at the accident book and saw that staff were proactive in recognising and reporting incidents.

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.

The Specialist orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health, for example, those presenting for orthodontic treatment.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patient's dental health, for example, local stop smoking services. They directed patients to these schemes when appropriate. Weekly rapid assessment clinics were carried out by specially trained dental nurses to improve the oral health of patients who were eligible for orthodontic treatment. These patients were provided with oral hygiene instruction and dietary advice to enable orthodontic treatment to commence safely.

The practice was commissioned to provide moderately complex endodontic treatment as part of the NHS England's Tier 2 Endodontic pilot scheme. This initiative offered a new way of providing complex endodontic dental treatment that would have traditionally been completed in a secondary care facility.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff 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 dental care records in line with recognised guidance. Paper-based records were stored in a lockable room, which meant that they were secured, however due to the volume of records the filing system was not always logically organised. This was something the provider was aware of and told us there were plans to employ an external company to transfer information to the electronic information management system.

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

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 and legislation. The most recent audit showed that of the 34 intraoral and 22 extraoral radiographs taken, 97.3% were of an acceptable standard.

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.

Are services effective?

(for example, treatment is effective)

Co-ordinating care and treatment

We saw that staff worked together and with other health and social care professionals to deliver effective care and treatment, for example, the NHS 111 as they were responsible for triaging and booking in patients requiring urgent dental 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.

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.

On the day of inspection, we reviewed comments left by patients and who commented on the good standard of care received from staff. Patients said staff were compassionate and understanding.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality. We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect

The practice had installed closed-circuit television in the communal areas to improve security for patients and staff. Relevant policies and protocols were in place to govern its use.

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.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's website provided patients with information about the range of treatments available at the practice, including what to expect when attending for orthodontic and endodontic appointments if they were referred for treatment.

The clinicians and dental nurses described to us the methods they used to help patients understand treatment options discussed. 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. It took account of patient needs and preferences.

There was evidence the practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified, for example, delivering orthodontics, tier 2 endodontic and out of hours services to meet the needs of the locality.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. 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 provider told us telephone access was an ongoing issue which they were trying to resolve. We were told that the practice had only one incoming telephone line and that they were in communication with the telephone provider about the installation of a second line. They told us patients could email them as these were responded to in a timely manner.

The providers acknowledged that there was a long waiting list for those awaiting orthodontic care and treatment, however, they have seen a reduction in waiting times with the introduction of the rapid assessment clinic. Waiting times have been reduced from 24 months to 15 months.

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff 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 provider demonstrated a transparent and open culture in relation to people's safety. On the day of inspection, the leadership and management team demonstrated they wanted to improve the care and services they give to patients. They were aware of the issues affecting local and national services and felt proud to be able to offer secondary care services in a primary setting.

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any major issues or omissions.

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, for example, through promotions and further training.

Culture

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

Staff we spoke with on the day stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs during annual appraisals and felt they could request one to one meeting to discuss matters relating to their learning needs, general wellbeing and aims for future professional development.

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 system of clinical governance in place 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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

We looked at 22 completed friends and family feedback cards and noted that all were positive about the service experienced. Patients said they felt the practice offered a good service and that staff were helpful. They all stated they were either "extremely likely" or "likely" to recommend the practice to friends and family.

Are services well-led?

The practice confirmed they gathered feedback from staff through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation. There was evidence of peer to peer learning amongst the clinicians, for example, the specialist staff who worked in secondary services shared emerging ideas and new techniques with colleagues.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.