

## Romford Road Dental Centre

# Romford Road Dental Centre

### Inspection report

669 Romford Road  
Manor Park  
London  
E12 5AD  
Tel: 02084786029

Date of inspection visit: 8 February 2022  
Date of publication: 01/03/2022

### Overall summary

We carried out this announced inspection on 8 February 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 provider 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 usually ask five key questions; however, due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Most medicines and life-saving equipment were available. However, there was some room for improvement.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- 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.

# Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The practice had effective leadership and a culture of continuous improvement. There was scope though to improve elements of the audit processes.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.

## Background

Practice location is in Manor Park, London in the London Borough of Newham and provides NHS and private dental care and treatment for adults and children.

Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes two dentists, a dental nurse and a receptionist. The practice has one treatment room.

During the inspection we spoke with two dentists, a dental nurse a receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday from 10am to 1pm.

Tuesday 9.30am to 5pm.

Wednesday 2pm to 5pm.

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

- Take action to ensure the suitability of the premises and ensure all areas are fit for the purpose for which they are being used.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.

# Summary of findings

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

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	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 provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

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

The provider 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 provider 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 and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. However,[KR1] we noted that some improvements were required. There was no evidence to show that the gas boiler had been serviced. When we raised this with the provider, they made immediate arrangements to have the boiler serviced. Following the inspection, they sent us confirmation that an appointment had been booked to service the boiler and carry out safety checks. The provider told us they would ensure the gas check was carried out annually in the future.

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 X-ray equipment and we saw the required radiation protection information was available.

### **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety. Including: sharps safety. Staff did not have sepsis awareness, when we raised this with the provider they told us they would discuss sepsis awareness with staff.

Most emergency equipment and medicines were available and checked as described in recognised guidance. However, improvements were required. For example, the practice did not have sizes 0, 1, 2, 3 or 4 face masks for the self-inflating bag. We spoke with the provider about this and they immediately placed an order for these pieces of equipment.

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

### **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 provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

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

The provider had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out annually.

[KR1]Electrical check had been carried out. Arrangements were being made for work to be carried out and a certificate issued.

# Are services effective?

(for example, treatment is effective)

## Our findings

### **EFFECTIVE:**

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.

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

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

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

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

Staff understood their responsibilities under the Mental Capacity Act 2005.

#### **Monitoring care and treatment**

The practice kept dental care records that were generally in line with recognised guidance. However, there was some missing information recorded within the dental care records we looked at. For example, some of the records did not contain the details of alternatives to the use of rubber dams. We spoke to the provider about this and they told us they would make improvements to the dental records.

We saw evidence to confirm that the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

#### **Effective staffing**

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

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

# 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.

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

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

### **Culture**

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training directly with one of the dentist owners of the practice.

### **Governance and management**

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

The provider 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.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The provider 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 involved patients, the public, staff and external partners to support the service.

The provider gathered feedback from staff through meetings, surveys, and informal discussions.

### **Continuous improvement and innovation**

The provider had systems and processes for learning continuous improvement and innovation.

The provider 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.