

Hoe Street Dental Surgery Limited

Bow Road Dental Surgery

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 23 September 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.

Background

The practice is situated in the London Borough of Tower Hamlets. The premises are laid out over three floors with two treatment rooms, two dedicated decontamination rooms, a waiting room with reception area, staff room, storage rooms and bathrooms.

The practice provides NHS and private dental services for adults and children. The practice offers a range of dental services including routine examinations and treatment, as well as some restorative and orthodontic treatment.

There are five dentists working at the practice, one qualified and three trainee dental nurses, a full time practice manager and a full time receptionist. There is also a hygienist available at the practice on one day per week. There are two treatment rooms in use at the practice.

The practice is open between 9:00am and 5:00pm Monday to Friday. Appointments are from 9:00am to 1:00pm and from 2:00pm to 5:00pm.

The principal dentist was the registered manager at the time of the inspection. A registered manager is a person who is registered with the CQC to manage the service. 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 Care Quality Commission (CQC) inspector and a dentist specialist advisor.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We also spoke with patients on the day, and received feedback from twelve patients in total, who were all positive about the standard of care received, emphasising the caring attitude of all staff.

Summary of findings

Our key findings were:

- There was a procedure for reporting incidents, and the practice learnt from incidents and complaints.
- The practice had effective safeguarding processes in place and staff understood their responsibilities for safeguarding adults and children living in vulnerable circumstances.
- There were systems in place to decontaminate equipment, and reduce and minimise the risk and spread of infection. However, the practice had not carried out an infection control audit for two years.
- There were systems in place to dispose of waste appropriately. However, the practice was not storing used amalgam capsules in a safe manner.
- Staff were trained in basic life support, and understood how to act in an emergency situation. The practice had emergency medicines, oxygen and an automated external defibrillator (AED).
- Dental care records and prescription pads were stored securely, though improvements could be made in the storage of prescription pads.
- Equipment, such as the autoclave (steriliser), fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- Patients indicated that they felt they were informed about the treatment options available to them, and that they received good care.

- The practice received patient feedback, however did not have any systems in place to review this feedback or introduce improvements in response.
- The practice had carried out recent audits to review and improve the quality and safety of the services.
- The practice manager had a clear vision for the practice and staff told us they were well supported by the management team.

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

- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the storage of used amalgam capsules to ensure they are stored safely before disposal.
- Review the security of prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the use of disposable cleaning equipment, including disposable mop heads, and introduce a system to review the standard of cleaning carried out.
- Review its audit protocols to ensure infection control audits are undertaken at regular intervals and learning points are documented and shared with all relevant staff.
- Consider implementing a system to review patient feedback and introduce improvements.

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 report and learn from incidents. There was a safeguarding lead and staff had received relevant training. All staff understood their responsibilities in terms of identifying and reporting any potential abuse.

There were arrangements in place to deal with medical emergencies and staff had received annual basic life support training. There were medicines, an automated electronic defibrillator (AED) and oxygen available to manage medical emergencies. However, one of the oxygen masks was damaged and another one was out of date. The practice assured us that these would be replaced immediately.

There were policies and procedures in place with regard to infection control. We observed the premises to be visibly clean and staff followed appropriate procedures to decontaminate equipment; however it was observed that the data sheets used to record the regular equipment checks were not always completed. Domestic staff cleaned the premises, however it was noted that disposable mop heads were being reused and there was no system in place to review the cleaning carried out. In addition, the practice had not carried out any infection control audits for two years.

Although there were procedures in place to manage waste disposal, staff were not storing used amalgam capsules, awaiting disposal in a safe manner.

We also noted that the practice did not have a system in place to ensure that prescription pads were stored securely, or their use in the practice monitored.

We found that the practice had systems in place to ensure that appropriate recruitment checks were carried out and all staff training was reviewed and updated. The practice also had a system in place to ensure that equipment used at the practice was regularly serviced and well maintained.

Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the General Dental Council (GDC). The practice monitored patients' oral health and gave appropriate health promotion advice. We did not however observe any health promotion advice (such as leaflets or posters) available for patients in the waiting area.

Staff explained treatment options to ensure that patients could make informed decisions about any treatment. The practice worked well with other providers and followed up on the outcomes of referrals made to other providers. Staff engaged in continuous professional development (CPD) and were meeting the training requirements of the GDC.

Are services caring?

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

We received positive feedback from patients through comment cards. Patients felt that the staff were kind and caring; they told us that they were treated with dignity and respect at all times. We found that dental care records were stored securely and patient confidentiality was well maintained.

Summary of findings

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.

The practice had access to telephone interpreting services to support people who did not have English as their first language, and were also able to organise for British Sign Language interpreters if required. The practice did not have disabled access, however had reviewed access requirements and had an action plan in place.

There was a clear policy in place which was used to handle complaints as they arose. Three complaints had been received by the practice in the past year. We saw that these had been dealt with promptly and in line with the practice policy.

The practice did obtain feedback from patients, however had not analysed this feedback or used the information to improve the care provided to patients.

Are services well-led?

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

The practice had good clinical governance and risk management structures in place. These were well maintained and disseminated effectively to all members of staff. A system of audits was used to monitor and improve performance.

Staff described an open and transparent culture where they were comfortable raising and discussing concerns with the principal dentist.

Bow Road Dental Surgery

Detailed findings

Background to this inspection

We carried out an announced, comprehensive inspection of Bow Road Dental Surgery on 23 September 2015.

The inspection was led by a CQC inspector, and they were accompanied by a dental specialist advisor.

During our visit, we spoke with staff and patients who used the service, and reviewed a range of information including policy documents. We observed how people were being cared for, and reviewed comments cards where patients shared their views and experiences of the service.

We received feedback from twelve patients. All were complimentary about the service, highlighting the caring attitude of all staff, and the quality of care received.

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 a system in place for reporting and recording incidents. The practice had a policy on adverse incidents, and a formal procedure for staff to follow. We were told that staff would inform the practice manager of any incidents and record the details on a dedicated form. However, not all staff were aware of this procedure, and we identified one incident in the past year, a note of which, though had been made in the patient's dental care record, had not been reported in line with the practice policy.

Staff, we were told operated in an open and transparent manner in the event that something went wrong. This included offering patients an apology if they identified that something had gone wrong. The practice informed us that they discussed incidents and complaints at regular staff meetings, and developed clear action plans to address any issues noted. Some incidents had occurred at the practice; however practice staff were not able to provide any evidence that these had been discussed.

Staff understood the process for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and there was a book for the recording of such accidents. We noted that one incident which had occurred in the previous year related to a sharps injury, and the practice had dealt with this appropriately, and in line with its own policy.

Reliable safety systems and processes (including safeguarding)

Arrangements were in place to safeguard adults and children from abuse. The practice had a policy on safeguarding, which was accessible to all staff. The policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The practice manager was the safeguarding lead. All staff had received training and they demonstrated that they understood their responsibilities relevant to their role.

The practice had carried out a range of risk assessments and implemented appropriate policies and procedures to keep staff and patients safe. For example, the practice had carried out fire and buildings risk assessments, which included a record of risks identified as well as detailed action plans.

The practice followed national guidelines on patient safety, including those published by the National Institute for Health and Care Excellence (NICE). The practice used rubber dam for root canal treatments in line with guidance supplied by the British Endodontic Society (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

There were arrangements in place to deal with medical emergencies. All staff received annual basic life support training and there were emergency medicines available. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. However, one of the masks was damaged and a further one was out of date and required replacement. The practice assured us that these would be replaced immediately. There was a first aid kit available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. The medicines we checked were in date.

Staff recruitment

The practice staffing consisted of five dentists, one hygienist, one qualified and three trainee dental nurses, one practice manager and one receptionist. Another hygienist worked at the practice one day a week.

There was a recruitment policy in place. The eight files we reviewed included appropriate recruitment checks prior to employment. For example, where necessary, staff had checks from the Disclosure and Barring Service (DBS) on file, references, as well as evidence of professional qualifications and registration. We noted that the practice was in the process of updating DBS checks for a number of staff.

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 practice had assessed and noted hazards, and carried out a fire risk assessment.

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 associated with hazardous substances were

Are services safe?

identified. Staff were aware of the COSHH file and of the strategies in place to minimise the risks associated with these products. Actions were taken to minimise these risks. COSHH products were securely stored.

The practice responded promptly to Medicines and Healthcare products Regulatory Agency (MHRA) advice. MHRA alerts, and alerts from other agencies, were received by the practice manager and disseminated to staff as necessary.

There was a business continuity plan in place. This had been kept up to date with key contacts in the local area. There was an arrangement in place to use the premises of a second practice in the event that the practice's own premises became unfit for use.

Infection control

There were systems in place to reduce the risk and spread of infection. There was an infection control policy which included the decontamination of dental instruments, hand hygiene, use of personal protective equipment, and the segregation and disposal of clinical waste. The practice manager was the infection control lead. Staff files showed that staff regularly attended training courses in infection control. Clinical staff were also 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.

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

The practice had followed 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 rooms and the decontamination area which ensured the risk of the spread of infection was minimised.

We examined the facilities for cleaning and decontaminating dental instruments. There were two decontamination rooms. The rooms were well organised with a clear flow from 'dirty' to 'clean'. One of the dental

nurses demonstrated the process for cleaning instruments. The nurse wore appropriate protective equipment, such as heavy duty gloves and eye protection. The practice used a system of ultra-sonic cleaning bath, and a washer disinfectant as part of the initial cleaning process. Following inspection of cleaned items, they were placed in an autoclave (steriliser). When instruments had been sterilized they were pouched and stored appropriately until required. All pouches were dated with an expiry date in accordance with current guidelines.

The dental nurse showed us that systems were in place to ensure that the autoclave and ultrasonic cleaning bath were working effectively. These included the automatic control test and steam penetration tests for the autoclave, as well as weekly residue and quarterly foil tests for the ultrasonic cleaning bath. However, it was observed that the data sheets used to record these tests were not always completed.

The practice employed domestic staff to carry out more general cleaning of the premises. However, the disposable mop heads were being reused and there was no system in place to review the cleaning carried out.

We observed that sharps containers, clinical waste bags and municipal waste were properly stored. However, the practice were not storing used amalgam capsules safely, as they were placing them in cardboard boxes, rather than in designated waste control drums. The dental nurses were not aware of the proper disposal procedure to follow for used amalgam. The practice used a contractor to remove dental waste from the practice and waste consignment notices were available for inspection.

The practice had not carried out any infection control audits for two years, and as such had not identified any areas of improvement or developed any action plans. The practice were not able to explain why no infection control audits had been carried out for this period of time.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (Legionella is a bacterium found in the environment which can contaminate water systems in buildings). The method described was in line with current HTM 01-05 guidelines. A Legionella risk assessment had also been carried out in March 2015.

Equipment and medicines

Are services safe?

We found that equipment used at the practice was regularly serviced and well maintained. For example, we saw documents showing that the decontamination equipment, fire equipment and X-ray equipment had all been inspected and serviced in 2015. Portable appliance testing (PAT) had not been completed for three years; however the practice had undergone electrical refurbishment and testing in 2012, and were advised that equipment should next be tested in 2017.

Although the practice had a system in place to ensure that prescription pads were securely stored, we saw evidence that this was not always followed, for example, there were prescription pads lying in a surgery room which was not in use on the day of the inspection, which was not secured.

Radiography (X-rays)

The practice had in place a Radiation Protection Adviser and a Radiation Protection Supervisor in accordance with the Ionising Radiation Regulations 1999 and Ionising Radiation Medical Exposure Regulations 2000 (IRMER). A radiation protection file, in line with these regulations, was present. This file was well maintained and complete. Included in the file were the critical examination pack for the X-ray set, the three-yearly maintenance log, a copy of the local rules and appropriate notification to the Health and Safety Executive. The maintenance log was within the current recommended interval of three years with the next service was due in 2018. We saw evidence that staff had completed radiation training.

A copy of the most recent radiological audit from May 2015 was available for inspection. This demonstrated that a high percentage of radiographs were justified, reported on and quality assured.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice carried out consultations, assessments and treatment in line with recognised general professional guidelines and General Dental Council (GDC) guidelines. We found that the dentists regularly assessed patient's gum health and soft tissues (including lips, tongue and palate). Dentists took X-rays at appropriate intervals, as informed by guidance issued by the Faculty of General Dental Practice (FGDP). They also recorded the justification, findings and quality assurance of X-ray images taken.

The dental care 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 dentists to indicate the level of treatment need in relation to a patient's gums). Different BPE scores triggered further clinical action. The dentists reviewed patients' medical history prior to 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 dentists were 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. Dentists conducted risk assessments and where necessary offered preventative measures such as fluoride application or fluoride toothpaste. The practice also provided advice on maintaining good oral hygiene, and discussed smoking cessation, sensible alcohol use and weight management.

Staffing

Staff told us they received appropriate professional development and training. We reviewed staff files and saw

that this was the case. The training covered all of the mandatory requirements for registration issued by the General Dental Council. This included responding to emergencies, safeguarding and X-ray training.

There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice.

The practice held yearly appraisals meetings with each member of staff. This provided staff with an opportunity to discuss their current performance as well as their career aspirations. Notes from these meetings were kept in each staff member's file.

Working with other services

Dentists were able to refer patients to a range of specialists in primary and secondary care if the treatment required was not provided by the practice. A referral letter was prepared and sent with full details of the dentist's findings and a copy was stored on the practice's records system. When the patient had received their treatment they were discharged back to the practice. Their treatment was then monitored after being referred back to the practice to ensure patients had received a satisfactory outcome and all necessary post procedure care. A copy of the referral letter was always available to the patient if they wanted this for their records. The practice advised patients to confirm with hospitals and clinics that their referral had been received and also maintained a log of referrals made to monitor outcomes.

Consent to care and treatment

The practice ensured valid consent was obtained for all care and treatment. Staff discussed treatment options, including risks and benefits, as well as costs, with each patient. Notes of these discussions were recorded in the clinical records. Patients were asked to sign consent forms for specific treatments such as tooth extraction.

Staff were aware of the Mental Capacity Act (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 Mental Capacity Act 2005 (MCA) provides a legal 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.

Are services effective?

(for example, treatment is effective)

Staff were also aware of how children and young people should be supported to provide their consent, and had an understanding of the legal responsibilities and requirements that applied. Staff explained that they

supported children and young people to make decisions by explaining options available in an understandable way, and using tools such as pictures or models to support their explanations.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

On the day of the inspection, we spoke with five patients. We also received comments cards from seven patients. All feedback from patients was positive, and particularly emphasised the caring attitude of staff. Patients were happy with the quality of treatment provided. During the inspection we observed staff in the reception area. They were polite and helpful towards patients.

Staff were aware of the need to treat patients in a respectful way, and to protect their privacy and dignity. Reception staff had procedures to follow to protect confidential information, and were able to offer a private space to discuss matters with patients should they require this. Dental care records were stored electronically and the practice had systems in place to dispose of any paper information securely. Staff were aware of the importance of data protection and the practice had a policy on this.

The practice obtained regular feedback from patients through the use of the 'Friends and Family Test'; however the practice were not undertaking any patient surveys.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area which gave details of the NHS dental charges and fees. However, there was no information on display about private fees. Patients were given copies of their treatment plans which included useful information about the proposed treatments, any risks involved, and associated costs. During the course of our inspection we checked dental care records to confirm the findings. We saw examples where notes had been kept of discussions with patients around treatment options, as well as the risks and benefits of the proposed treatments.

We spoke with two dentists and two of the dental nurses on the day of our visit. Staff told us that patients were given full information about the treatment options available to them, as well as the risks and benefits associated with different courses of action. The patient feedback we received from discussions and comments cards confirmed that patients felt involved in the planning of their treatment and were satisfied with the information provided by staff.

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, and ensured additional time was allocated for more complex treatment.

The dentists 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 promoted access to a range of patients with various backgrounds and needs. The practice had access to a translation service for patients who required this, and staff spoke various languages. The practice also advised that they were able to organise a British Sign Language interpreter if needed.

The practice did not have disabled access, but had undertaken a disability access assessment and were reviewing the options available to improve access.

Access to the service

The practice was open Monday to Friday from 9:00am to 5:00pm. The practice displayed its opening hours at their premises, and provided contact details for the out of hours services in the area.

Staff told us that patients were generally able to book in an appointment in good time, with the dentist of their choice. Patient feedback aligned with this information, with patients advising that they did not have to wait too long for routine appointments. Urgent appointments were available at short notice, and patients reported that they could book appointments for the same day if required.

Concerns & complaints

There was a complaints policy which described how the practice handled formal and informal complaints from patients. Information about how to make a complaint was displayed in the reception area.

There had been three written complaints recorded in the past year. These complaints had been responded to in line with the practice policy. The practice had investigated the issues raised and noted learning points, and communicated learning to all staff. Patients had received a full written response and apology where appropriate.

Are services well-led?

Our findings

The practice had a clear management structure, with a full time practice manager responsible for the running of the practice. There were lead members of staff for key areas such as complaints, safeguarding and infection control.

The principal dentist and practice manager had implemented suitable arrangements for identifying, recording and managing risks through the use of scheduled risk assessments and audits. There were relevant policies and procedures in place. These were all frequently reviewed and updated. Staff were aware of the policies and procedures and acted in line with them.

The practice manager advised that meetings for all staff were held every two months, and provided copies of the two most recent staff meetings. These demonstrated that any current issues and concerns were discussed with the team, and actions were regularly implemented and reviewed.

Leadership, openness and transparency

The staff we spoke with described a transparent culture which encouraged candour, openness and honesty. Staff said that they felt comfortable about raising concerns with the principal dentist or practice manager. They felt they were listened to and responded to when they did so.

Staff reported that they were well supported. There was a system of yearly staff appraisals to support staff in carrying out their roles to a high standard, as well as informal reviews to monitor progress.

Learning and improvement

The practice undertook quality control audits three times a year and discussed these at staff meetings to identify and implement improvements. For example, they had recently audited the numbers of patients who had failed to attend appointments and in response had implemented a system to remind patients of appointments via text message.

Staff were also being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC.

The practice supported the staff to develop their skills, for example dental nurses had undertaken further training to allow them to carry out extended duties (for example in order to apply fluoride or to take impressions).

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

The practice used the family and friends test to gather feedback from patients. However, there was no evidence that they had acted on any feedback or had any plans in place to improve the care provided to patients based on feedback received.

Staff commented that the practice manager and principal dentist were open to feedback, and they felt they would be able to raise any concerns with the management team if necessary.