

Joffe Limited

Dental Health Centre

Inspection Report

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Overall summary

We carried out this announced inspection on 18 September 2019 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 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:

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

Dental Health Centre is in the London Borough of Redbridge. The practice provides private dental treatments to adults and children.

The practice is located close to public transport services. The practice is located on the ground floor of a purpose adapted building and has four treatment rooms.

The dental team includes the principal dentist, three associate dentists, two dental hygienists, three dental nurses and one trainee dental nurse. The clinical team are supported by two practice managers and a receptionist.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting

Summary of findings

the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Dental Health Centre is the principal dentist.

We collected feedback from 49 patients who completed CQC comment cards.

During the inspection we spoke with the principal dentist, two associate dentists, two dental nurses and the two practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between:

8.30am to 5.30pm Mondays to Thursdays and 8am to 5pm on Fridays

Our key findings were:

- The practice appeared clean and well maintained.
 - The provider had infection control procedures which reflected published guidance.
 - Staff knew how to deal with emergencies.
 - The provider had systems to help them manage risk to patients and staff.
 - The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
 - The provider had thorough staff recruitment procedures.
 - 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.
- Staff provided preventive care and supported patients to ensure better oral health.
 - The appointment system took account of patients' needs.
 - The provider had effective leadership and culture of continuous improvement.
 - Staff felt involved and supported and worked well as a team.
 - The provider dealt with complaints positively and efficiently.
 - The provider had suitable information governance arrangements.

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

- Implement protocols for conscious sedation, taking into account the guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'. This relates to ensuring that all staff who are involved in conscious sedation undertake Immediate Life Support (ILS) training with airway management for sedation.
- Take action to ensure that dental nursing staff who assist in conscious sedation have the appropriate training and skills to carry out the role, taking into account guidelines published by 'The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.

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 that 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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. The principal dentist was the safeguarding lead and they had undertaken additional training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication within dental care records.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a business continuity plan and an impact analysis risk assessment to deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure. Appropriate checks including Disclosure and Barring Service (DBS) checks (where required), proof of identity and proof of suitable conduct in previous employment were carried out.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There were systems to monitor this.

Staff ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including sterilising, X-ray equipment and electrical appliances.

Records showed that fire detection and firefighting equipment were regularly tested and serviced. There was a fire safety risk assessment which was reviewed annually; evacuation procedures and fire safety posters were displayed throughout the premises.

There were arrangements to ensure X-ray equipment was tested and serviced in line with current guidance.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The dentists audited the quality of dental radiographs following current guidance and legislation. The results of these were shared, reviewed and used to monitor; and where required, to improve the quality of dental radiographs taken by the dentists.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. Risks associated with the use and disposal of dental sharps were assessed and systems were in place to mitigate these.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS). Improvements were needed to ensure that Immediate Life Support (ILS) training with airway management for sedation was also completed by all staff who were involved in the treatment of patients under conscious sedation. Following our inspection, we were provided with assurances that this training was being arranged for all relevant staff.

Emergency medicines and equipment were available as described in recognised guidance.

We found staff kept records of their checks carried out to make sure that medicines and equipment were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team. A risk assessment was in place to assess and mitigate risks for when the dental hygienist worked without chairside support.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had a policy for handling and storing substances used that are hazardous to health. There were suitable risk assessments to minimise the risk that can be caused from exposure to these substances.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the principal dentist and two associate dentists how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

The provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of and following guidance in relation to prescribing medicines. Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety and Lessons learned and improvements

Are services safe?

There were risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

There were suitable systems for reviewing and investigating when things went wrong. These included arrangements to learn, share lessons and identify themes to improve safety in the practice.

There was a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The clinicians kept up to date with current evidence-based practice through reviewing relevant guidance. We saw that they assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The dentists were aware of and following protocols and clinical pathways such as those published by The National Institute for Health and Care Excellence NICE.

The practice offered dental implants. These were placed by dentists at the practice who had undergone appropriate post-graduate training in dental implantology. The provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists and the dental hygienist, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

The practice team understood the importance of, and obtained and recorded patients' consent to treatment in line with current legislation and guidance.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw the practice audited patients' dental care records to check that the dentists/clinicians recorded the necessary information.

The practice carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks and staff availability. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history; blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

Are services effective?

(for example, treatment is effective)

The records showed that staff recorded important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood

Conscious sedation was carried out by the principal dentist who had undertaken sedation training. Improvements were needed to ensure that that dental nursing staff who assist in conscious sedation have the appropriate training and skills to carry out the role, taking into account current guidelines.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff undertook training and development in areas relevant to their roles and there were systems in place to review and monitor this.

Staff new to the practice had a period of induction based on a structured programme. We confirmed that relevant clinical staff completed the continuing professional development (CPD) required for their registration with the General Dental Council.

Staff discussed their training needs at appraisal meetings. We saw evidence of completed appraisals and personal development plans for all which showed how the practice addressed the training requirements of all staff.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

Staff had systems to identify, manage and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

The practice had procedures and staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, considerate and caring.

They said that reception staff were helpful and that the clinical team were professional and excellent. We saw that staff treated patients respectfully and were helpful and welcoming towards patients at the reception desk and over the telephone.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting was open plan in design and staff were mindful of this when dealing with patients in person or on the telephone so as to maintain privacy. If a patient asked for more privacy, staff would take them into another room.

The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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 and were aware of the

Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given) and the requirements under the Equality Act. We saw:

- Interpretation services were accessible for patients who did not speak or understand English.
- The practice welcome letter about fees was available in a large range of languages including Spanish, Punjabi, French, Arabic, Polish and Turkish.
- Information could also be made available in easy read and large font formats if required.

Staff gave patients clear information to help them make informed choices about their treatment. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, models, videos and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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.

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

Staff understood the needs of more vulnerable members of society such as adults and children with a learning difficulty and people living with dementia.

Patients described high levels of satisfaction with the responsive service provided by the practice. They commented that they could access appointments in a timely way and that the practice met their needs.

The practice had made reasonable adjustments for patients with disabilities. These included step free access and a hearing induction loop. The layout of the premises did not afford the provision of accessible toilet facilities. Where appropriate patients were told about this when they enquired about booking appointments and would be referred to other local dental practices with suitable facilities.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours on their website, in the premises, in the practice patient welcome letter.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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

Listening and learning from concerns and complaints

The practice team took complaints and concerns seriously and there were arrangements to respond to any concerns raised promptly and appropriately to improve the quality of care.

The provider had policies providing guidance to staff on how to handle a complaint and information for patients which explained how to make a complaint.

The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The practice aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way their concerns had been dealt with.

There had been no complaints made about the practice within the previous 12 months.

Are services well-led?

Our findings

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

Leadership capacity and capability

We found the dental provider had the capacity and skills to deliver high-quality, sustainable care. There were arrangements to make improvements to the practice premises to improve the environment for patients.

Staff told us the practice management team worked closely with them to achieve their aims and objectives.

Culture

The practice had a culture of high-quality sustainable care. This was demonstrated through the practice policies, procedures and the day-to-day management of the service.

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

The practice had arrangements to support staff and to ensure that behaviour and performance were consistent with the practice's vision and values. There were arrangements to provide support and guidance to the trainee dental nurse to develop their clinical skills.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Openness, honesty and transparency were demonstrated in conversations we had with the staff team and the procedures in place to respond to incidents and complaints.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist was responsible for the clinical leadership of the practice. They were supported by the practice managers for day to day management and running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider reviewed their system of clinical governance, policies, protocols and procedures to ensure that they were up to date and bespoke to the practice. The staff team were involved in reviewing these procedures.

We saw there were clear and effective processes for assessing and managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider had information governance arrangements. Staff undertook training and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The principal dentist provided arrangements to include the views of patients and staff to support high-quality sustainable services.

The provider gathered feedback from staff through staff surveys, 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

There were systems and processes for learning, continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included arrangements to audit radiographs, dental records and infection prevention and control.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete relevant training, learning and development.