

Mr. Leonard D'Cruz

# Woodford Dental Care

## Inspection Report

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## Overall summary

We carried out this announced inspection on 25 April 2017 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

Woodford Dental Care is in the London suburb village of Woodford Green and provides NHS and private treatment to patients of all ages.

The practice is located on the first and second floor of a refurbished residential property and there is no level access for people who use wheelchairs and pushchairs. The practice had plans in place to relocate some of the dental services to the ground floor of the property.

# Summary of findings

Car parking spaces, including some for patients with disabled badges, are available near the practice in the station car park.

The dental team includes ten dentists, 12 dental nurses, five dental hygienists, a practice manager and two receptionists. The practice has six treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected 20 CQC comment cards filled in by patients and spoke with three other patients. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, three dental nurses, one dental hygiene hygienist, two receptionists and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays between 8am and 1pm and 2pm to 5.30pm

Tuesdays between 8.30am and 1pm and 2pm to 5.30pm

Wednesdays between 8.30am and 1pm and 2pm to 7pm (5.30 to 7pm for private appointments)

Thursdays between 8.30am and 1pm and 2pm to 6.30pm

Fridays between 8am and 1pm and 2pm to 5pm

The practice is open between 8am and 1pm on Saturdays for private treatments.

## Our key findings were:

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice 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.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

# 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 and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No  
action  


### Are services effective?

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

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent and appropriate to their needs. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals or when they were referred to the practice for specialist dental treatment.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No  
action  


### Are services caring?

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

We received feedback about the practice from 23 people. Patients were positive about all aspects of the service the practice provided. They told us staff were courteous, helpful and friendly. They said that they were given enough information about their dental treatments to enable them to take responsibility for improving dental health. Patients also said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No  
action  


### Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain and dedicated emergency appointments were available each day.

No  
action  


# Summary of findings

Staff considered patients' different needs. This included plans to provide facilities for disabled patients and families with children and the relocation of dental services to the ground floor of the property. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

## **Are services well-led?**

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No  
action**  


# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning and we saw examples of shared learning from incidents and near-misses and action plans to minimise recurrences.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference. Staff were able to give examples of recent safety alerts and how these had been reviewed. There was also a system to alert national agencies of patient safety incidents involving medical devices, medicines and materials used in the dental practice.

### Reliable safety systems and processes (including safeguarding)

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 practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The practice had a safeguarding lead who was responsible for overseeing the safeguarding arrangements. We saw evidence that staff received role specific safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns and could demonstrate that they had where needed reported concerns in line with the practice policy. The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year or more often as required. The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

### Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year. Staff discussed emergency scenarios periodically to keep these skills up to date and to take into account any changes in guidance around medical emergencies.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at four staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

A dental nurse worked with the dentists and dental hygienists when they treated patients.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

# Are services safe?

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

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

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. A risk assessment had been conducted and there were arrangements in place for disinfecting water lines and checking hot and cold water temperatures in line with current guidance.

We saw cleaning schedules for the premises and these were monitored regularly to test the effectiveness of the cleaning procedures. The practice was clean when we inspected and patients confirmed this was usual.

## **Equipment and medicines**

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance. Prescriptions records were stored securely and their use logged to minimise the risk of misuse.

## **Radiography (X-rays)**

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation. The results from the most recent audits carried in February 2017 showed that the quality of X-ray images were in line with guidance and the reason and findings from X-rays were recorded within the patients dental care record.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice was selected to take part in the government's Dental Prototype Agreement Scheme, to road test a new NHS dental contract that aims to offer a new way of providing dental care, with an increased focus on disease prevention.

The principal dentist shared with us how the dental care and treatment under this scheme was provided using a dental care pathway with a focus on developing a holistic approach to planning patient care.

We noted that the practice team was signed up to the ethos of the scheme where dental care needs to be provided using a long-term preventive approach based on individual need and risk and encouraging patients to take responsibility for protecting and maintaining their own oral health, with support from the dental team who provide all necessary dental treatment.

The practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans with dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

The practice kept comprehensive dental care records containing information about the patients' current dental needs, past treatment and medical histories. Dental records were audited regularly to ensure they were complete and accurate.

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

### Health promotion & prevention

Patients were provided with detailed information which was included within their self-care plans to help them take responsibility for maintaining good oral health.

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

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children.

The dentists told us where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had participated in a national pilot study to increase patient awareness of the impact of alcohol on dental health and to help patients with higher risks to modify their alcohol consumption.

The practice had a selection of dental products for sale. The practice website provided health promotion information and advice sheets and leaflets were available on a wide range of areas including diet, smoking and oral hygiene to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. Staff had access to a list of top tips to help them in their initial weeks working at the practice. We noted that clinical staff completed the continuous professional development required for their registration with the General Dental Council.

The practice provided foundation training for trainee dentists and apprenticeship training for dental nurses. There were systems in place to ensure that trainee dental staff were supported in their learning and development.

Staff told us they discussed training needs at annual appraisals. We saw evidence of completed appraisals and personal development plans. The results from patient surveys were included within the appraisal to emphasise staff strengths and any areas for improvement.

Staff we spoke with told us that they were supported and offered appropriate training.

### Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by National Institute for Health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

# Are services effective?

(for example, treatment is effective)

## **Consent to care and treatment**

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment. The practice regularly audited patients dental care records to ensure that consent was obtained and recorded.

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 may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists and dental nurses were aware of the need to consider this when treating young people under 16.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were kind, welcoming and treated patients with great dignity. We saw that staff treated patients sensitively, respectfully, and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients said staff were compassionate and understanding. Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas were open plan in design and reception staff were mindful when speaking with patients at the reception desk and on the telephone. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave 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.

Music was played in the treatment rooms and there was a television in the waiting room.

Information folders, patient survey results and thank you cards were available for patients to read.

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options. This information was recorded and formed part of the patients' self-care dental treatment plan.

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

The practice's website provided patients with information in advice sheets and six monthly practice newsletters which included details about the treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as cosmetic dental procedures.

Each treatment room had a screen so the dentists could show patients photographs, videos and X-ray images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day and dedicated emergency appointments were available. Patients told us they 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 audited waiting times and the results showed that on average patients waited less than five minutes after their scheduled appointment to be seen.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

Staff told us that extra rails were provided on the stairs as a result of requests made by a number of patients.

### Promoting equality

The practice had systems to monitor the needs of patients taking into account age range and other factors. The practice was located on the first and second floor of the premises. As part of the practice improvement plan there were plans to relocate the practice to include the ground floor thereby providing access for patients with disabilities. These included the provision of step free access and accessible toilet facilities.

Staff said they could provide information in different formats including large font and in a range of languages to meet individual patients' needs. They had access to interpreter/translation services.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept a number of appointments free for same day appointments which were available before and after lunchtime.

The website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

The majority of patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

The principal dentist told us that the practice inclusion in the prototype scheme and the increased length of appointments had had an impact on waiting times for appointments, increasing these up to 12 weeks at one stage. The practice ensured that patients were kept informed and that appointments were scheduled based on risks and patients' needs.

Staff told us that they had worked to reduce the waiting times considerably to now on average two weeks for routine reviews.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they 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 the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 12 months. These showed the practice responded to concerns sensitively and appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities. Some staff had identified lead roles and oversight for areas including safeguarding, infection control and staff training and the practice had systems to support staff in these roles.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements. The outcomes from risk assessments, audits and reviews were widely shared and action plans implemented to maintain and improve quality and safety within the practice.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. The practice had a set of values which staff had been involved in developing and maintaining. They said the principal dentist and practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager was approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held a range of weekly and quarterly meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The dental team showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisal and periodic reviews. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice used regular patient surveys and verbal comments to obtain staff and patients' views about the service. We saw examples of suggestions from patients which the practice had acted on including the provision of additional stair bannisters and patients comments were being taken into consideration in the plans for refurbishing the practice.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. The results of these surveys were monitored and these showed that 100% of patients who had responded to the survey were either "extremely likely" or "likely" to recommend the practice to their family and friends.