

Dr. Ian Cline

# Bloomsbury Dental Practice

## Inspection Report

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### Overall summary

We carried out this announced inspection on 24 July 2018 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 not providing well-led care in accordance with the relevant regulations.

#### **Background**

Bloomsbury Dental Practice is in Bloomsbury in the London Borough of Camden. The practice provides private treatment to patients of all ages.

There is step free access to the practice and the practice has four dental surgeries, one of which is located on the ground floor. The practice is situated close to public transport bus and London underground services.

The dental team includes the principal dentist and two dentist partners, three dental nurses and two dental hygienists. The clinical team are supported by a receptionist.

# Summary of findings

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 received feedback from 46 patients.

During the inspection we spoke with each of the three dentists and two dental nurses. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays to Fridays between 9am and 5.30pm.

Late evening appointments are available up to 7pm by request on Tuesdays and Thursdays.

## Our key findings were:

- The practice appeared clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- 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 practice was providing preventive care and supporting patients to ensure better oral health.
- The appointment system met patients' needs.
- 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.
- The practice had suitable information governance arrangements.
- Improvements were needed to ensure that appropriate life-saving equipment were available to deal with medical emergencies.
- The practice had clearly defined leadership. There were some systems to help them assess and manage risk. However these were not always consistent or in line with current guidance and legislation.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

## Full details of the regulations the provider was not meeting are at the end of this report.

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

Review the practice's protocols for completion of dental care records taking into account guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

# 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. There were systems to use 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 some arrangements for dealing with medical and other emergencies. Improvements were needed to ensure the availability of the recommended emergency equipment.

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. Improvements were needed so that dental care records were completed in line with current guidance.

Patients described the treatment they received as exemplary and excellent. 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.

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 46 people. Patients were positive about all aspects of the service the practice provided. They told us staff were approachable, polite and caring.

No action



# Summary of findings

Patients said that they were given detailed information about their care and treatment. They said the dentist listened to them and helped them to understand the treatment provided.

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

## **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. Patients commented that they received treatment in a timely manner. Some patients told us that they were always able to get an appointment that suited them, even at short notice.

Staff considered patients' different needs and had made arrangements to support.

The practice took patients views seriously. They had arrangements to respond to concerns and complaints quickly and constructively.

**No action**



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

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

There was a defined management structure, but the lack of robust risk assessment and management systems affected the day to day management of the practice.

Improvements were required to ensure the smooth running of the service.

The practice did not effectively monitor clinical areas of their working such as procedures in relation to dental radiography and record keeping to help them improve and learn.

**Requirements notice**



# Are services safe?

## Our findings

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays) )**

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of 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. One of the dentists was the practice safeguarding lead who had responsibility for overseeing the practice procedures.

We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns to the local safeguarding team and notification to the CQC.

Staff were aware of issues which may render some people more vulnerable such as people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

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

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 with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the recruitment records for five members of staff. These showed the practice followed their recruitment procedure. Appropriate checks including employment references and Disclosure and Barring Services (DBS) checks were carried out for relevant staff.

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

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including sterilising and X-Ray equipment, electrical and mechanical appliances.

The practice had a fire safety procedure and a fire safety risk assessment, which was reviewed regularly. Records showed that fire detection and firefighting equipment such as fire extinguishers were regularly tested. There was a fire evacuation procedure in place and staff were aware of the fire safety and evacuation arrangements.

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.

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

Improvements were needed to the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the radiograph and its quality in line with current guidance and regulations. The dentists told us that they did not routinely record the justification, grade or reports on the radiographs they took.

The practice carried out some out radiography audits. However these were not carried out in line with current guidance and legislation. These audits were not reviewed or learning shared to make improvements.

### **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 up to date and reviewed regularly to help manage potential risk. The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The practice had some arrangements to manage risks associated with dental sharps. Improvements were needed so that a sharps risk assessment was in place and that staff followed relevant safety regulation when using needles and other sharp dental items.

# Are services safe?

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.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The practice had policies and procedures in place to assist staff to respond promptly and appropriately to medical emergencies and staff who we spoke with demonstrated that they understood these procedures.

Emergency medicines were available as described in recognised guidance. Staff kept records of their checks to make sure that medicines were within their expiry date.

Improvements were needed to ensure that emergency equipment was available as described in recognised guidance. At the time of our inspection the practice did not have oropharyngeal airways, child sized oxygen masks and self-inflating bag with reservoir, child size adhesive pads for use with the Automated External Defibrillator or a portable suction unit. The principal dentist told us that these were ordered and would be available shortly after our inspection. We requested confirmation and documentary evidence when these items were available. At the time of finalising this report we were provided with documentary evidence that these items of equipment were available for use.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support.

The practice occasionally used locum and agency staff. We noted that these staff received an induction to ensure that they were familiar with the practice's procedures.

The provider had arrangements to minimise the risk that can be caused from substances that are hazardous to health.

The practice 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 (HTM01-05) published by the Department of Health. Staff were aware of and followed these procedures. Staff completed infection prevention and control training and received updates as required.

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

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been carried out and all the recommended improvements had been addressed. We saw records of water testing and dental unit water line management were in place.

The practice was clean when we inspected and patients confirmed that this was usual.

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

The practice 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 three 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 kept securely. Information handling processes at the practice were in compliance with General Data Protection Regulations (GDPR) (EU) 2016/679.

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

# Are services safe?

The practice had some systems for appropriate and safe handling of medicines. There were checks carried out to ensure that medicines did not pass their expiry date and enough medicines were available if required.

There were systems for checking and monitoring medicine stocks to minimise risks of misuse.

The principal dentist was aware of current guidance with regards to prescribing and dispensing medicines. Detailed records were kept in relation to medicines prescribed and dispensed.

## **Track record on safety**

The practice had a good safety record.

There were comprehensive risk assessments in relation to safety issues. The practice had systems in place to monitor and reviewed incidents.

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

## **Lessons learned and improvements**

There were systems to review and investigate when things went wrong.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. The dentists described how they assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. Improvements were needed so that the dentists kept detailed dental care records in relation to the assessments carried out and the dental treatment provided.

The practice offered dental implants. These were placed by one of the 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 principal dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them.

They also told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets and information to help patients with their oral health.

The principal dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice. Where appropriate patients were referred for specialist treatment.

Two dental hygienists worked at the practice and provided dental treatments and advice on preventing dental disease and promoting oral health. A range of oral health products were available for sale.

### Consent to care and treatment

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

The practice team understood the importance of obtaining patients' consent to treatment. The principal dentist 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 and time to consider any treatment options available.

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 the Gillick competence by which a child under the age of 16 years of age can consent for themselves. The 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 dentists described how they assessed patients' treatment needs in line with recognised guidance.

The practice provided conscious sedation via a visiting sedationist for patients who would benefit. 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 had systems assure themselves that checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks were in place and that the sedationist had appropriate skills and training.

Advanced life support training with additional airways management was scheduled for the dentist and practice staff who provided chair side support during sedation.



# Are services effective?

(for example, treatment is effective)

There were also systems in place to ensure that patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions were carried out and recorded.

The practice checked that patients were assessed 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.

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

## **Effective staffing**

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

Staff new to the practice had a period of induction based on a structured programme and were provided with support and information to help familiarise themselves with the practice policies, procedures and protocols. We

confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council. There were systems in place to monitor this and to support staff as needed.

There were arrangements in place to discuss staffs' individual training and development needs. We saw evidence of completed staff reviews and appraisals and how the practice addressed the training requirements of staff.

## **Co-ordinating care and treatment**

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

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

The practice also had systems and processes 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.

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

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion

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

Patients commented positively that staff were professional, caring and helpful. They said that staff always treated them with the dignity and respect.

Patients confirmed that staff were calm and kind when they were in pain, distress or discomfort.

Information leaflets were available in the waiting area for patients to read.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was open plan in design and reception staff were mindful of this when dealing with patients. 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 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 be involved in decisions about their care.

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 and costs of treatment with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range and costs of treatments available at the practice. Leaflets and posters provided additional information.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example X-ray images, models and photographs which were shown to the patient to help them better understand the diagnosis and treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### **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. Patients said that they were always able to access appointments that were convenient to them.

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

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

Staff told us that they currently had a small number of patients for whom they needed to make adjustments to enable them to receive treatment. The premises provided step free access to the one dental surgery.

### **Timely access to services**

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the premises and on the practice website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were where possible

seen on the same day. 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 website and 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 took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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.

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

The dentist 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.

The practice had not received any complaints within the previous 12 months.

# Are services well-led?

## Our findings

### Leadership capacity and capability

There were arrangements in place to review patient and service demands and plans to ensure that the practice had the capacity to meet these.

The team demonstrated a commitment to deliver high quality and patient focused care.

The principal dentist, we were told by staff were approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had a systems, policies and procedures in place which underpinned the management and the delivery of the service. These were accessible to staff and discussed periodically during practice meetings.

### Vision and strategy

There was a clear vision and set of values. The practice had systems and business plans to achieve priorities.

The practice planned its services to meet the needs of the practice population.

### Culture

The practice had a culture of high-quality care, which focused on the needs of patients.

Staff stated they felt supported and valued. They were 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.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. 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 management, leadership and the day to day running of the practice. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Improvements were needed to ensure that some of the processes for managing risk were clear and effective. This relates to ensuring that risk associated with areas including the management of dental sharps and medical emergency procedures were assessed and mitigated.

### Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements. Patients were told how information about them would be used and were assured of the measures in place to protect this information.

### Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support high-quality sustainable services.

The practice used patient surveys, comments and feedback to obtain patients' views about the service. The results of the patient surveys showed that patient were satisfied with all aspects of the service including dental care and treatment, access to appointments and the practice facilities.

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

### Continuous improvement and innovation

The practice had some quality assurance processes in place. These included audits and risk assessments.

Improvements were needed so that these were used to encourage learning and continuous improvement.

## Are services well-led?

Improvements were needed so that dental radiograph audits were carried out in line with current guidance and that clear records of the results of these audits were used to monitor and improve the service.

There were arrangements to review staff and appraise staff performance and to support all members of staff to develop skills, knowledge and experience.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

The General Dental Council also requires clinical staff to complete continuing professional development. Staff told us the practice provided support and encouragement for them to do so.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p><b>How the regulation was not being met:</b></p> <p>There were limited systems and processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• Audits were not carried out in line with the Ionising Radiation (Medical Exposure) Regulations (IRMER) 2017. to ensure the quality of grading, justification and reporting in relation to dental radiographs.</li></ul> <p>There were limited systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• There ineffective arrangements for dealing with medical emergencies to ensure that the recommended emergency equipment was available in line with guidelines issued by the British National Formulary, the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.</li><li>• There were ineffective arrangements for assessing and mitigating risks associate with the use and disposal of dental sharps in line with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.</li></ul> <p><b>Regulation 17 (1)</b></p>