

Kulina Limited

NW1 Dentalcare

Inspection Report

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Overall summary

We carried out this announced inspection on 20 December 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 Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we 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

NW1 Dentalcare is in Camden, London. The practice provides private treatment to patients of all ages.

There is level access for people who use wheelchairs and pushchairs. Restricted car parking spaces are available near the practice.

The dental team includes seven dentists, two qualified dental nurses who also undertake receptionist duties, four trainee dental nurses and a receptionist. The practice has two treatment rooms and the building is arranged over the ground and basement floors of a converted building.

Summary of findings

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

On the day of inspection we obtained feedback from 31 patients. This information gave us a positive view of the practice.

During the inspection we spoke with two dentists, a trainee dental nurse and a qualified dental nurse who had receptionist duties. We checked practice policies and procedures and other records about how the service is managed.

The practice is open at the following times:

Mon, Weds: 9am-7pm

Tue, Thurs, Fri: 9am-6pm

Sat: 10am-3pm

Our key findings were:

- The practice appeared clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- 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 infection control procedures; improvements could be made to ensure they reflected published guidance in all areas.
- Improvements could be made to establish a process for receiving safety alerts and for managing significant events.

- Improvements could be made to the practice's staff recruitment procedures.
- Improvements could be made to ensure all dentists recorded the necessary information in dental care records.
- Risks from the lack of robust recruitment checks, and the lack of systems to monitor quality had not been suitably identified and mitigated

The provider assured us following our visit that they would address these issues and put immediate procedures in place to manage the risks. We have since been sent evidence to show

that improvements are being made. However, as various documents were not available for inspection we were not able to comment on their completeness and accuracy. We have though noted the information and it will be reflected once we carry out a follow-up inspection at the practice.

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.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

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.
- Review its responsibilities to meet the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.
- Review the availability of interpreter services for patients who do not speak English as a first language.

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 this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. Improvements could be made to establish a formal process for managing significant events.

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

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

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

Risks arising from fire, Legionella infection had not been identified and mitigated.

Improvements could be made to ensure the practice completed essential recruitment checks.

No action



Are services effective?

We found 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 being safe and of high quality. The dentists discussed treatment with patients so they could give informed consent; improvements could be made to ensure dentists always recorded this in dental care records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice told us they supported staff to complete training relevant to their roles. Improvements could be made to ensure there were effective systems to help them monitor this.

No action



Are services caring?

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

We received feedback about the practice from 31 patients who were positive about all aspects of the service the practice provided. They told us staff were attentive, professional and caring. They said they were given thorough and helpful explanations about dental treatment, and said their dentist listened to them.

No action



Summary of findings

Patients said staff treated them with dignity and respect. Nervous patients commented that staff made them feel at ease.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients were able to get an appointment quickly if they were experiencing dental pain.

Improvements could be made to ensure the practice reviewed its responsibilities to meet the needs of people with a disability, including those with hearing difficulties.

The practice valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action



Are services well-led?

We found 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 these actions in the Requirements Notice section at the end of this report).

There was a clear management structure and staff felt supported and appreciated.

The practice had arrangements to ensure the smooth running of the service, though improvements were needed in areas, such as those for assessing and monitoring risk, ensuring appropriate policies and procedures were available and established, maintaining records, and ensuring staff received key training at regular intervals.

Risks from the lack of robust recruitment checks, and the lack of systems to monitor quality had not been suitably identified and mitigated.

The practice team stored patient dental care records securely, though improvements were needed to ensure they contained the necessary information.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a reporting form for recording accidents and assaults.

Improvements could be made to ensure there were established procedures such as a policy and dedicated recording form, to report, investigate, respond to and learn from other incidents and significant events. Improvements could also be made to ensure all staff members we spoke with had a good understanding of significant events.

Improvements could be made to ensure the practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). There was no evidence the practice had received any safety alerts. Shortly after the inspection the practice signed up to receive MHRA alerts via email.

Reliable safety systems and processes (including safeguarding)

Staff we spoke with knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. They were able to describe signs and symptoms of abuse and neglect and how to report concerns. The practice had a guidance document on reporting concerns about vulnerable adults externally, with contact details for local safeguarding teams.

Improvements could be made to ensure the practice had policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse of children and vulnerable adults within the practice. Shortly after the inspection the practice sent us a safeguarding policy they had implemented.

We saw evidence that most staff had received training in safeguarding; evidence of training in safeguarding adults and children was not available for four staff members. Evidence of safeguarding children training was not available for a member of staff; shortly after the inspection the practice sent us evidence of child safeguarding training for this member of staff.

Staff told us they felt confident they could raise concerns without fear of recrimination. Improvements could be

made to ensure the practice had a whistleblowing policy. Shortly after the inspection they sent us an underperformance and whistleblowing policy they had implemented.

We checked the practice's arrangements for safe dental care and treatment. These included risk assessments which staff had reviewed with the exception of the fire risk assessment carried out in 2015. There were outstanding actions from the fire risk assessment, with a three month timescale for completion, which had not been completed at the time of the inspection.

The practice followed relevant safety laws when using needles and other sharp dental items. Improvements could be made to ensure practice carried out a sharps risk assessment. Shortly after the inspection the practice carried out and sent us a copy of a sharps risk assessment.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice kept contact details for various facilities providers in their address book. Shortly after the inspection they created and sent us a copy of their business continuity plan describing how they would deal with events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency. There was evidence to show some staff had completed training in emergency resuscitation and basic life support, though there was no evidence of this for three staff members.

Emergency equipment and medicines were available. Improvements could be made to ensure a medicine Glucagon (used in the treatment of hypoglycaemia) was stored appropriately and that additional equipment was available as described in recognised guidance. For example, the daily temperature of the fridge the Glucagon was stored in had not been monitored. The practice removed this medicine from the fridge and adjusted its expiry date accordingly.

Staff kept records of their checks of the medicines to make sure they were available, within their expiry date, and in working order.

Staff recruitment

Are services safe?

We checked six recruitment records and found there was no evidence the practice had carried out key pre-employment checks such as employment histories, evidence of qualification, indemnity cover, immunisation, references and proof of identity for all of these members of staff prior to them commencing employment at the practice. The practice had not carried out Disclosure and Barring Service (DBS) checks; they had obtained historical DBS checks from staff members' previous employers but had not carried out formal assessments to mitigate the risks associated with this.

The practice did not have a staff recruitment policy to help them employ suitable staff. Shortly after the inspection the practice implemented and sent us a copy of a recruitment and selection policy. Improvements could be made to ensure this policy was practice-specific.

Clinical staff were qualified and registered with the General Dental Council (GDC). There was evidence to confirm some dentists had professional indemnity cover; though there was no evidence of this available for four dentists. Shortly after the inspection the practice sent us evidence of indemnity cover for three of these dentists.

Monitoring health & safety and responding to risks

The practice had carried out a health and safety risk assessment to help manage potential risk. It covered general workplace and specific dental topics and had been recently reviewed, though it had not identified shortcomings in risk monitoring in the practice.

Improvements could be made to ensure there was a health and safety policy in place. Shortly after the inspection the practice sent us a health and safety policy they had implemented.

Improvements could also be made to ensure the Control of Substances Hazardous to Health (COSHH) included a comprehensive list of all hazardous substances staff could be exposed to in the practice.

The practice had employer's liability insurance.

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

Infection control

The practice did not always follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the

Department of Health. Improvements could be made to ensure the practice had an infection prevention and control policy in place. Shortly after the inspection the practice sent us a copy of an infection control policy they had implemented.

The practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems such as disinfection of dental water lines. Improvements could be made to ensure the practice carried out a Legionella risk assessment to formally assess the risk of Legionella infection.

There was evidence to show the majority of staff had completed infection prevention and control training every year, though evidence of this was not available for six staff members.

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.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

Staff carried out visual checks in line with the manufacturers' recommendations. We saw servicing documentation for some of the equipment used; this documentation was not available for the compressor and pressure vessel system. Shortly after the inspection the practice sent us evidence demonstrating the compressor and pressure vessel system had been checked and serviced in December 2017 prior to the inspection.

Radiography (X-rays)

The practice had arrangements to ensure the safety of the radiography equipment which met current radiation regulations. Improvements could be made to ensure they had all the required information in their radiation protection file.

Are services safe?

There was no evidence of completed continuous professional development in respect of dental radiography for seven of the practice's eight dentists. Shortly after the inspection the practice ensured a dentist completed radiography training and sent us evidence of training for another dentist.

The practice told us they had not carried out radiography audits annually; this was not in line with current guidance and legislation. Shortly after the inspection the practice

sent us a copy of a radiography audit of digital periapical radiographs; we were not able to establish when this audit was carried out or whether the results had been shared with relevant staff. The quality of dental radiographs audited had not been graded in line with guidance from the Faculty of General Dental Practice (UK); grading of radiographs had not been recorded in dental care records.

We saw evidence that the dentists justified and reported on the radiographs they took.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Dentists assessed patients' treatment needs. The practice stored dental care records securely. The kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. We checked dental care records and found the quality of record keeping was not consistent; improvements could be made to ensure dentists always recorded details about patients' treatment including periodontal assessments, consent gained, oral health risk assessments, and treatment options discussed.

The practice had not audited patients' dental care records to check that the dentists recorded the necessary information.

Health promotion & prevention

The practice provided preventative care and supported 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.

The dentists told us they discussed smoking, alcohol consumption and diet with patients where applicable during appointments. Improvements could be made to ensure this was suitably recorded in dental care records.

The practice had a selection of dental products for sale. They provided information on dental procedures, and information to help patients maintain good oral health.

Staffing

The practice told us dental nurses and receptionists new to the practice had a period of induction though this was not based on a formal or structured induction programme.

We confirmed some clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs during informal discussions. The practice had commenced carrying out annual appraisals for dental nurses and receptionists shortly before the inspection. We saw evidence of completed appraisals.

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 the National Institute for Health and Clinical 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.

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 team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who may not be able to make informed decisions. The policy did not contain information about the Act. It referred the need to make considerations when treating young people under 16 and dentists we spoke with understood this.

Staff described how they would involve 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. We observed that they treated patients with courtesy and in a friendly manner at the reception desk and over the telephone.

We received feedback from 31 patients who commented positively that staff were attentive, caring, helpful, professional and respectful. They said they had received treatment they considered to be of high quality and would recommend the practice to others. Patient said they were given thorough and helpful explanations about dental treatment and said their dentist listened to them.

Nervous patients commented that staff were compassionate and understanding, and treated them with dignity and put them at ease.

Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. Reception staff told us they would take patients into another room if they required more privacy. The reception area's 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.

There were magazines and information leaflets for patients to read in the waiting area. A television displayed information about complex treatments such as dental implants.

Involvement in decisions about care and treatment

The dentists we spoke with discussed how they gave patients clear information to satisfy themselves they understood their treatment options, and 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 practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry, treatments for gum disease and more complex treatments.

Each treatment room had a computer screen so the dentists could show patients radiograph images when they discussed treatment options. Staff also used visual aids to explain treatment options to patients needing more complex treatments.

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 patients who requested an urgent appointment could be seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. They said the practice was flexible in accommodating their appointment requests. The practice managed appointments well during the inspection.

Staff told us that they currently had a patient for whom they needed to make adjustments to enable them to receive treatment by treating them on the ground floor of the premises as they were not able to use the stairs.

Promoting equality

The practice told us they had not been able to make adjustments for patients with disabilities, partly due to the layout of the premises. There was no step-free access, hearing loop or accessible toilet. Improvements could be made to ensure the practice formally assessed the needs of people with a disability, including those with hearing loss.

The practice said they could provide information in different languages to meet individual patients' needs; staff spoke a combination of 10 languages.

They did not have access to interpreter/translation services including British Sign Language and braille.

Access to the service

The practice displayed its opening hours in the premises 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. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice's website did not provide telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. There was no answerphone system in place; the principal dentist told us they were in the process of reviewing their telephone service.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. They displayed information for patients in the waiting area on 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 principal 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.

We checked comments, compliments and complaints the practice received within the last year. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The principal dentist, who was also the registered manager, had overall responsibility for the management and clinical leadership of the practice. The principal dentist was also responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities, though not all staff demonstrated a good understanding of significant events.

The practice had had limited policies and procedures available for the smooth running of the practice. Policies listed (in the practice's quality assurance policy) as being available were not in place, such as for bullying and harassment, disciplinary matters, grievance, retirement, sickness/injury absence, stress, staff appraisals, training, child protection, health and safety, infection control, healthcare waste disposal, violence and aggression, maternity and others. Shortly after the inspection the practice sent us copies of policies they had implemented; these included health and safety, equality and diversity, recruitment and selection, underperformance and whistleblowing, and safeguarding children and vulnerable adults.

Existing policies required review; some contained information that was no longer reflective of arrangements in the practice.

Improvements could be made to ensure the provider assessed, monitor and mitigate the risks. For example, actions from the 2015 fire risk assessment had not been implemented within the recommended three month timescale, risks of Legionella infection had not been formally assessed, and the risk assessment for the control of substances hazardous to health (COSHH) did not contain a comprehensive list of all harmful substances in the practice. Improvements could be made to ensure the practice reviewed its responsibilities to meet the needs of people with a disability, including those with hearing difficulties, taking into consideration the requirements of the Equality Act 2010.

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, inclusive, no blame culture at the practice. They said the principal dentist 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 principal dentist was approachable, would listen to their concerns and act appropriately.

Staff told us they attended regular meetings where they could raise any concerns and discuss clinical and non-clinical updates; improvements could be made to ensure these were formalised to ensure discussions at the meetings were recorded and reviewed. Staff said they held immediate discussions to share urgent information. It was clear the practice worked as a team and dealt with issues professionally.

Learning and improvement

The practice had limited quality assurance processes to encourage learning and continuous improvement. Improvements could be made to ensure the practice carried out regular radiography audits to monitor the quality of radiographs they took.

The principal dentist told us they valued the contributions made to the team by individual members of staff. In December 2017 prior to the inspection they commenced appraisals for dental nurses and receptionists where 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 key training, including medical emergencies and basic life support, each year, infection control and prevention, safeguarding children and vulnerable adults, and radiography. We saw evidence of this training for some staff; however, several training records were not available for other staff members. The practice sent us evidence of training for some members of staff after the inspection though several were still outstanding.

The General Dental Council (GDC) requires clinical staff to complete continuous professional development (CPD).

Are services well-led?

Staff told us the practice provided support and encouragement for them to do so though we did not see evidence that all staff had completed their CPD requirements.

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

The practice used verbal comments to obtain staff and patients' views about the service. They also monitored feedback made by people on the internet. They discussed an example of how they had acted on feedback from patients by implementing a tooth whitening aftercare information leaflet. The provider had responded to feedback from staff by implementing coat hooks in the staff area.

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 Good governance</p> <p>The service provider had systems or processes in place that operated ineffectively, in that they failed to enable 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. In particular:</p> <ul style="list-style-type: none">• The service provider had not reviewed risk assessments in relation to fire safety and hazardous substances. They had not formally assessed the risk of Legionella infection.• The service provider had not identified and mitigated risks from the lack of suitable recruitment procedures. <p>The service provider had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• The service provider had not conducted annual radiography audits. <p>There were limited systems and processes to ensure the service provider maintained securely such records as are necessary to be kept in relation to persons employed, and in the management of the regulated activities. In particular:</p> <ul style="list-style-type: none">• The service provider had not obtained or kept several training records for staff, and they had not established suitable processes for monitoring training needs.

This section is primarily information for the provider

Requirement notices

- The provider had not ensured appropriate policies were in place to provide staff with guidance on various processes. Some policies were not fit for purpose.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 19 Fit and proper persons employed

The service provider had systems or processes in place that operated ineffectively, in that they failed to enable the service provider to establish and operate effective recruitment procedures. In particular:

- There was limited evidence of key recruitment checks carried out for recently recruited staff prior to them commencing employment at the practice.