

## Specialist Dental Services Limited

# Specialist Dental Services Ltd

## Inspection Report

94 Harley Street  
London  
W1G 7HX

Tel: 020 7580 4200

Website: [www.specialistdentalservices.co.uk](http://www.specialistdentalservices.co.uk)

Date of inspection visit: 10 June 2019

Date of publication: 12/08/2019

### Overall summary

We carried out this unannounced inspection on 10 June 2019 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

#### **Our findings were:**

##### **Are services safe?**

We found that this practice was not 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**

Specialist Dental Services Limited is in Westminster and provides private treatment to adults and children.

Car parking spaces, including some for blue badge holders, are available near the practice.

The dental team includes 13 dentists, two dental nurses, a dental hygienist, a receptionist and the practice manager. The practice has four treatment rooms.

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 staff member registered with the CQC as the registered manager was the previous practice manager

# Summary of findings

who was no longer in post. A registered manager was not in post at the time of the inspection. The provider told us they were going to make the necessary application to cancel the current registration and appoint a new registered manager.

On the day of inspection, we received feedback from three patients.

During the inspection we spoke with a dentist, two dental nurses, the dental hygienist, a receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9.00 – 6.00pm

Tuesday 8.00am to 8.00pm

Wednesday 9.00am to 8.00pm

Thursday 8.00am to 6.00pm

Friday 9.00am to 6.00pm

Saturday 9.00am to 1.30pm

## **Our key findings were:**

- The practice appeared clean and well maintained.
- The provider had infection control procedures which reflected published guidance. However, some improvements were required in regard to staff wearing suitable personal protective equipment such as an apron while cleaning used dental instruments.
- Staff knew how to deal with emergencies. Medicines and life-saving equipment were available. However some improvements were required.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Certificates were not available to confirm training in this area
- 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. However, some improvements were required.

- Staff were providing preventive care and supporting patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider was not undertaking some audits including infection control audits.
- Staff felt involved and supported and worked well as a team. However, some improvements were required.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The practice did not have recruitment procedures in line with legislation.
- The provider did not have suitable risk assessment systems in place.

We identified regulations the provider was not complying with. They must:

- Ensure that care and treatment is provided to patients in a way that is safe
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure specified information is available regarding each person 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 system for documentation of actions taken, and learning shared, in response to incidents with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review the practice's arrangements for providing chairside support for dental hygienists, ensuring that a risk assessment is in place.
- Review the staff supervision protocols and ensure an effective process is established for the on-going appraisal of all staff
- Review the arrangements for ensuring patients' privacy is maintained in treatment rooms, treatment room next to reception area.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>Requirements notice</b>	<b>✘</b>
<b>Are services effective?</b>	<b>No action</b>	<b>✔</b>
<b>Are services caring?</b>	<b>No action</b>	<b>✔</b>
<b>Are services responsive to people's needs?</b>	<b>No action</b>	<b>✔</b>
<b>Are services well-led?</b>	<b>Requirements notice</b>	<b>✘</b>

# Are services safe?

## Our findings

We found that this practice was not providing safe 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).

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

### **Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)**

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. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The policy had last been updated in November 2017. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice manager told us that staff had received safeguarding training but there were no details of the training in the staff records we saw. Following the inspection, the practice manager told us that the missing training records were kept by the staff. They told us they had asked staff to provide details of training undertaken for the practice records to be updated.

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

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

The provider had a business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at eight staff recruitment records. These showed that the practice had undertaken some of

the checks outlined in their recruitment policy. However, there were some gaps. For example, there were no references in any of the records. There were no immunisation records in six of the files. There were also no details of previous work history in any of the files. There were no Disclosure and Barring Service (DBS) in five of the records that we checked.

We spoke with the practice manager about the missing documents and they told us that they believed these checks had been undertaken but the records were not up to date. They said they would act to update the records. Following the inspection, the provider told us that they had started to make improvements to the records. They said that some of the missing information had been provided by staff and they had asked them to provide this information in order for the records to be updated.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC). We found that most staff had professional indemnity cover. However, we found that there were no records of indemnity insurance for one of the clinical members of staff.

Records showed that fire detection equipment and firefighting equipment, such as fire extinguishers, were regularly serviced. The emergency lighting was maintained by the landlord who owned the building the practice was based in. However, the practice had stopped undertaking fire drills in June 2018. We spoke with the provider about this and they told us they would start to conduct fire drills.

The practice were not ensuring that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. The practice had not undertaken a five year electrical installation test or a test of gas appliances. The autoclave and compressor had been serviced in June 2018.

The practice had most of the required information in their radiation protection file. However, the practice did not have evidence of maintenance of the radiographic equipment. We spoke with the provider about this and they told us they would make arrangements for the servicing of the equipment. Following the inspection the provider sent us confirmation that they had tested some of the equipment.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. However, we saw that there was a gap in the completion of radiographic audits between November 2018 and May 2019.

# Are services safe?

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

## **Risks to patients**

The practice had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items.

Emergency equipment and medicines were available as described in recognised guidance. However, some improvements were required to the kit. For example, the Glucagon injection had expired. We spoke with the provider about this and they told us they would make arrangements to replace it.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. The dental hygienist worked alone but practice staff supported them including assisting them with decontamination of equipment. However, a risk assessment was not in place for when they were working without chairside support, including arrangements for ensuring that the hygienist had suitable number of dental instruments and arrangements for ensuring that dental instruments were cleaned and sterilised. We spoke with the provider about this and they told us they would review these arrangements.

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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. However, we observed that the dental nurse did not wear an apron when undertaking the decontamination process. We spoke with the provider about this and they told us that they would speak to staff about the importance of wearing personal protective equipment (PPE).

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

The practice had undertaken a legionella risk assessment in May 2018. However, there were no records of water testing or dental unit water line management. We spoke to the provider about this and they told us that they would make arrangements for tests to be taken. Following the inspection, the provider confirmed that they had put in a system to check the waterlines.

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

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

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

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance. Although most referrals were made internally to other dentists within the practice.

## **Safe and appropriate use of medicines**

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

The dentists were aware of current guidance with regards to prescribing medicines.

## **Track record on safety and Lessons learned and improvements**

We spoke with staff about incidents. They said they would discuss relevant incidents with other team members if they occurred. However, the provider did not have an incident logging system in place. They also did not have a good

## Are services safe?

understanding of Reporting of Incidents Diseases and Dangerous Occurrences Regulations (RIDDOR). We spoke to the provider about this and following the inspection they told us they had ordered an incident logging book.

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. We saw they were shared with the team and acted upon if required.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by one of the dentists at the practice who had a special interest in this area. The provision of dental implants was in accordance with national guidance.

### **Helping patients to live healthier lives**

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

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

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health. |

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

### **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 and recording patients' consent to treatment. The dentists

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'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, by which a child under the age of 16 years of age may give 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 practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The practice carried out conscious sedation for patients. This was undertaken by three separate visiting sedationists. The practice manager told us that the sedationists were supported by their own staff. We saw evidence of relevant training undertaken by staff.

The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions. These were generally in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. However, improvements were required to ensure checks included all equipment, including the ones used by the sedationist.

### **Effective staffing**

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

# Are services effective?

(for example, treatment is effective)

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

Staff discussed their training needs at informal meetings. However, there was no formal appraisal system in place. The practice manager told us they were in the process of introducing an appraisal system.

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

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

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

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

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

The practice was a referral clinic for implant. They monitored and ensured the dentists were aware of all incoming referrals daily.



# Are services caring?

## Our findings

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

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

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were caring, welcoming and friendly. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

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

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

### **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 areas provided some privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it. However, there were some

improvements that were required. Conversations taking place in one of the treatment rooms could be overheard by people waiting in the reception area. We spoke with the provider about this and they told us they would review arrangements in the surgery.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and were aware of the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given) and the requirements under the Equality Act.

- Interpretation services were available for patients who did not use English as a first language. Patients were also told about multi-lingual staff that might be able to support them.

The practice gave patients information to help them make informed choices about their treatment. A dentist 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 of treatments available at the practice.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences. For example, they offered evening and weekend appointments in response to patients needs.

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

Staff telephoned some patients on the morning of their appointment to make sure they could get to the practice.

### **Timely access to services**

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

The practice displayed its opening hours on their website.

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

The practice's 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. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

### **Listening and learning from concerns and complaints**

The provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff on how to handle a complaint. There was also information available to patients about how to make a complaint. Information was available about organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

The principal dentist was responsible for dealing with complaints; they told us they aimed to settle complaints in-house and encouraged patients to speak with them to discuss these.

We checked a complaint the practice received in the last twelve months. 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

We found that this practice was not providing well-led care in accordance with the relevant regulations.

We have told the provider to act (see full details of this action in the Requirement Notices section at the end of this report).

### **Leadership capacity and capability**

The practice had some arrangements in place to help ensure that they had the capacity and skills to deliver their aims and goals to provide high quality, patient focused care. 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 practice had systems and procedures in place which underpinned the management and the delivery of the service. These were reviewed and updated as required and accessible to staff.

### **Culture**

The practice had a culture of openness, transparency and candour and there were policies and procedures in place to support this. These were in accordance with compliance with the requirements of the Duty of Candour.

Staff told us they were happy to work at 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.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that any concerns would be addressed.

### **Governance and management**

The provider had not established clear and effective processes of governance. In particular, they did not have adequate records of people employed, they had not undertaken all necessary premises related checks including electrical and gas checks and there was no system in place to record incidents appropriately.

There were some systems for monitoring and reviewing various aspects of the service as part of quality assurance programme. This included for example radiography gradings. However improvements were required. For example there were no infection control audits, there were gaps in the radiographic grading records and there was no system in place to analyse and learn from the grading information that had been recorded.

We spoke with the provider about these issues and they assured us they would review their audit procedures.

### **Appropriate and accurate information**

The practice acted on appropriate and accurate information about patients.

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

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

The practice used feedback forms to obtain patients' views about the service.

The practice gathered feedback from staff through informal discussions. Staff told us they were listened to.

### **Continuous improvement and innovation**

Infection prevention and control audits were not being undertaken and a Disability Access audit had not been undertaken. Improvements were required in regards to the radiographic audits undertaken.

The practice manager told us they discussed learning needs, general wellbeing and aims for future professional development. However, there was no system in place for appraisal of staff. The practice manager told us they were in the process of putting this in place.

This section is primarily information for the provider

## 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 12 CQC (Registration) Regulations 2009 Statement of purpose</p> <p><b>Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p>Care and treatment must be provided in a safe way for service users</p> <p><b>How the regulation was breached:</b></p> <p>The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment.</p> <p>In particular:</p> <ul style="list-style-type: none"><li>• The registered person had not ensured that the premises and all equipment was suitably maintained. For example, there was no evidence available of the servicing and maintenance of X-ray equipment in line with current guidance and legislation.</li><li>• Electrical and gas safety tests had not been carried out.</li></ul> <p><b>Regulation 12(1)</b></p>
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>Regulation 17 HSCA (RA) Regulations 2014 Good Governance</b></p>

This section is primarily information for the provider

## Requirement notices

Regulation 17 Health and Social Care Act 2008  
(Regulated Activities) Regulations 2014

Systems or processes must be established and operate effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to access, monitor and improve the quality and safety of the services being provided.

In particular:

- A Disability Access audit had not been undertaken in line with legislation and guidance.
- The evidence we were presented with on the day indicated that auditing of the service for continuous improvements in areas such as Infection prevention had not been carried out and improvements were required to the radiographic audit undertaken.
- There was no system in place to accurately record all training undertaken by staff.

### 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

**Regulation 19 Health and Social Care Act 2008  
(Regulated Activities) Regulation 2014**

Fit and proper person employed

## Requirement notices

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed:

In particular:

We reviewed four staff recruitment records:

- We found that six of the eight records did not contain a full employment history, together with a satisfactory written explanation of any gaps in employment;
- Evidence of conduct in previous employment (references) was missing from six of the eight records;
- Six of the eight records we checked did not contain hepatitis B checks
- There was no record of indemnity insurance for one member of staff.
- There was no evidence of DBS checks in five of the records checked

### **Regulation 19 (3)**