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# Temple Dental

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 7 January 2022 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 asked the following three questions:

- Is it safe?
- Is it effective?
- Is it well-led?

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

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

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies.
- Appropriate medicines and life-saving equipment were available.
- Improvements were needed to ensure fire safety management checks were carried out correctly.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Improvements were needed to ensure dispensed medicines were labelled appropriately.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.

# Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Improvements were needed to ensure that appropriate quality assurance measures were in place for the use of the Cone Beam Computed Tomography scanner (CBCT).
- The provider had effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

## Background

Temple Square Dental is in Aylesbury and provides private dental care and treatment for adults and children and NHS dental care and treatment for children.

The practice has a stepped entrance. Prospective patients are advised of this when they contact the practice. On street car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes seven dentists, one periodontist, four dental nurses, three trainee dental nurses, two dental hygienists, two receptionists and a practice manager who is also a registered nurse. The practice has four treatment rooms.

During the inspection we spoke with two dentists, one nurse, one receptionist and the practice manager. We also obtained the views of a further seven staff working on the day of our visit.

We looked at practice policies and procedures and other records about how the service is managed.

## The practice is open:

- Monday 8am – 7pm
- Tuesday 8am – 5pm
- Wednesday 8am – 6.30pm
- Thursday 8am – 5pm
- Friday 8am – 4pm
- Saturday 9am – 1pm

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

- Review the practice's protocols for medicines management and ensure all medicines are dispensed safely.
- Review the systems for checking and monitoring fire detection equipment taking into account current national guidance and ensure that all equipment is inspected at the correct interval.
- Review the practice's protocols for the use of closed-circuit television cameras (CCTV) taking into account guidelines published by the Information Commissioner's Office (ICO).
- Ensure the practice takes into account HPA-CRCE-010 Guidance on the Safe Use of Dental Cone Beam CT (Computed Tomography) Equipment in having quality assurance measures for the use of the Cone Beam Computed Tomography scanner (CBCT).

# Summary of findings

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

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# Are services safe?

## Our findings

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

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

The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The provider had infection control procedures which reflected published guidance. The provider had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The provider had procedures to reduce the possibility of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The provider 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.

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

The provider did not fully operate effective fire safety management procedures. In particular:

- Emergency lighting was not tested.
- Records were not kept which confirmed that fire alarm call points were tested in rotation.
- Fire alarm inspection frequency was not carried out in line with British Standard (BS5839).

The practice had arrangements to ensure the safety of the intra-oral X-ray equipment and we saw the required radiation protection information was available.

The Cone-beam computed tomography (CBCT) machine was serviced appropriately but audits and quality assurance tests were not carried out.

### **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety which included, sharps safety and sepsis awareness.

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

The emergency medicines and equipment storage bag was disorganised which meant treatment could be delayed in an emergency situation. The practice manager assured us this shortfall would be addressed as soon as practicably possible.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Immediate Life Support training with airway management for staff providing treatment under sedation was also completed.

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

# Are services safe?

## **Information to deliver safe care and treatment**

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

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

Improvements were needed to ensure that labelling of dispensed medicines packaging followed the Human Medicines Regulations 2012.

Antimicrobial prescribing audits were carried out annually.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong.

The provider had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

We found 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 professionals up to date with current evidence-based practice.

### **Sedation**

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

### **Orthodontics**

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

### **Dental Implants**

We saw the provision of dental implants was in accordance with national guidance.

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

The practice provided preventive care and supported patients to ensure better oral health

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

### **Consent to care and treatment**

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

Staff understood their responsibilities under the Mental Capacity Act 2005.

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 in line with recognised guidance.

Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

### **Effective staffing**

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

Staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

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

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

# Are services effective?

(for example, treatment is effective)

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

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

The practice demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership and emphasis on continually striving to improve. However, it was apparent that when the practice manager was reassigned to absent staff's roles, such as reception and nursing, time did not permit them to carry out their own practice management tasks.

The information and evidence presented during the inspection process was clear and well documented.

We saw the provider had effective processes to develop leadership capacity and skills.

### **Culture**

The practice had a culture of high-quality sustainable care.

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

Staff discussed their training needs at an annual appraisal and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

### **Governance and management**

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

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.

We noted that the all of the CCTV cameras in the practice had been covered up. The practice manager told us they did not have access to the CCTV system as this was installed by a previous owner of the practice. They assured us they would contact the provider and arrange for the system to be disabled until protocols and procedures. were put in place to reinstall it.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

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

Staff involved patients, the public, staff and external partners to support the service.

The provider gathered feedback from staff through meetings, surveys, 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 provider had systems and processes for learning continuous improvement and innovation.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

# Are services well-led?

The disability access audit had recently been carried out. We were told that arrangements for the fitting of grab rails to the patient toilet were underway.

Staff kept records of the results of these audits and the resulting action plans and improvements.