

Dr Wayne Holness

# London City Dentists

## Inspection Report

10 Lloyds Avenue  
Tower Hill  
London  
EC3N 3AX

Tel: 020 7488 4445

Website: [www.londoncitydentist.com](http://www.londoncitydentist.com)

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### Overall summary

We revisited the London City Dentists on 22 January 2016 to ask the practice the following key questions; Are services safe, effective, caring, and well-led?

We as part of a review.

#### **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 well-led?**

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

# 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 provider's premises, including the layout where care and treatment were delivered were appropriate. Staff undertaking administrative functions were not at risk of exposure to aerosols whilst patient dental treatment was being carried out.

### **Are services effective?**

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

There were effective systems in place to make sure patients' dental care records were complete and consistent.

### **Are services caring?**

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

We found there were effective systems in place to ensure the privacy of the service users. Discussions about care, treatment and support could not be overheard. Administrative functions took place in the same room as patient dental treatment. Suitable arrangements had been made to ensure patient confidentiality was maintained. An answerphone service was in place and incoming telephone calls are not taken while patients are in the treatment room. A confidentiality screen had been placed over the computer screen so information could not be seen unless it was removed.

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

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

We found there were effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. The provider had an effective recruitment procedure in place to assess the suitability of staff for their role. All the specified information as required in the Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to persons employed at the practice was obtained for staff at the time of recruitment. The provider had ensured that their audit and governance systems were effective and a well-defined system was in place.

# London City Dentists

## Detailed findings

### Background to this inspection

This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We carried out an inspection of this service on 22 January 2016.

This re-inspection focussed on four of the five questions we usually ask a provider about services they deliver. On this occasion we asked if services were safe, effective caring and well-led. On our previous inspection, we established that the service provided was responsive to patient's needs.

The inspection was led by a CQC inspector who was assisted by a dental specialist advisor.

During our inspection visit, we looked at a range of documents such as risk assessments, audits, staff files and maintenance records. We also carried out a tour of the premises and spoke with the practice staff.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures for investigating significant events and other safety incidents. Staff were aware of the reporting procedures in place and were encouraged to bring safety issues to the attention of the dentists. Where safety or other significant events occurred these were discussed at staff meetings.

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

The practice had policies and procedures for safeguarding vulnerable adults and children against the risk of harm and abuse. These policies included details of how to report concerns to external agencies such as the local safeguarding team. All staff had undertaken safeguarding training to an appropriate level. Staff we spoke with were aware of the different types of abuse and how to report concerns to the dentist or external agencies such as the local safeguarding team or the police as appropriate. Staff had access to a flow chart describing how to report concerns to external agencies where this was appropriate.

We found evidence of a practice policy and procedure for whistleblowing if staff had concerns about another member of staff's performance.

The practice had carried out a practice, fire and sharps risk assessment.

### Medical emergencies

The practice had policies and procedures which provided staff with clear guidance about how to deal with medical emergencies. All staff had undertaken basic life support training and could describe how they would act in the event of a patient experiencing anaphylaxis (severe allergic reaction) or other medical emergency.

A range of emergency equipment and medicines including oxygen and an automated external defibrillator (AED) were available to support staff in a medical emergency. This was in line with the Resuscitation Council UK guidelines and the British National Formulary (BNF). (An AED is a portable electronic device that analyses the heart's rhythm and if necessary, delivers an electric shock, known as defibrillation, which helps the heart re-establish an effective rhythm).

The emergency medicine Salbutamol (used for the relief of asthma and chronic obstructive pulmonary disorder conditions), Midazolam (used to treat seizures) and Glucagon injection (1mg) was available as per guidance and stored correctly. (A glucagon injection kit is used to treat episodes of severe hypoglycaemia which is defined as having low blood glucose levels that requires assistance from another person to treat).

### Staff recruitment

We reviewed the staff recruitment files and saw that the practice had carried out relevant checks for all staff members to ensure that the person being recruited was suitable and competent for the role. This included the checking of qualifications, identification, and registration with the General Dental Council (where relevant) and checks with the Disclosure and Barring Service (DBS). We noted that the practice had evidence of DBS checks carried out for all staff members.

### Monitoring health & safety and responding to risks

There was a formal process in place for the receipt and implementation of Medicines and Healthcare products Regulatory Agency (MHRA) alerts and National Institute for Health and Care Excellence (NICE) guidance.

The dentist was aware that the NICE guidance which indicated that antibiotic prophylaxis prescription for patients with heart disease was no longer required.

### Infection control

The practice had suitable policies and procedures in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05), to reduce the risk and spread of infection. Staff were aware of these procedures and had undertaken infection control training.

The equipment used for sterilising dental instruments was maintained in accordance with the manufacturer's instruction. Records showed that all clinical staff underwent screening for Hepatitis B, were vaccinated and had proof of immunity. (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections).

# Are services effective?

(for example, treatment is effective)

## Our findings

### **Monitoring and improving outcomes for patients**

The dental care records showed that an assessment of periodontal tissues was undertaken using the basic periodontal examination (BPE) screening tool. (The BPE is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Different BPE scores triggered further clinical action. We checked a sample of dental care records and found that the BPE scores were recorded for all of these patients.

### **Staffing**

The principal dentist was the sole permanent staff member and we saw training certificates to demonstrate they received appropriate professional development and training. There was an induction programme for new staff to follow to ensure that they understood the protocols and systems in place at the practice. There was evidence within the staff files showing that staff had been engaged in an appraisal process. Staff meetings were held every week which would identify staff training needs and career goals.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

Patient confidentiality was always protected as a result of the reception/administrative area being located within the

treatment room. Improvements have been made to ensure patients' privacy was respected while they were in the treatment room. Reasonable efforts had been made to make sure that discussions about care, treatment and support only took place where they could not be overheard.

# Are services well-led?

## Our findings

### **Governance arrangements**

We spoke with the principal dentist about the governance arrangements at the practice. We found that they had initiated a number of changes to their governance systems since the previous inspection and there was a well-defined structure in place.

Audits had been carried out with a view to monitoring and improving performance. We saw that audits for monitoring the quality of X-rays, and the quality of dental care records had all been carried out. Records of the actions taken following the audits, including discussions with relevant members of staff, were kept. There was a six month rolling audit programme in place.

The principal dentist had implemented a system of log books to check that equipment and medicines were being maintained appropriately. Staff were carrying out weekly/monthly checks and recording when these were complete.

A number of risk assessments had been undertaken and we found that they were being acted on in order to minimise the risks to patient safety.

Weekly meetings were taking place, with various topics being discussed including processes in place for receiving and sharing safety alerts, Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

### **Learning and improvement**

The principal dentist had organised a staff meeting to discuss issues affecting the practice. Issues including checking and monitoring equipment, and outcomes of risk assessments related to COSHH products had been discussed.

Staff were being supported to meet their professional standards and complete continuing professional development (CPD) standards set by the General Dental Council (GDC). We saw evidence that staff were working towards completing the required number of CPD hours to maintain their professional development in line with requirements set by the GDC. For example, safeguarding, infection control and basic life support training had been carried out.