

Dentart Limited

# Dentart

## Inspection Report

295 King Street  
London  
W6 9NH  
Tel:020) 8741 4655  
Website:

Date of inspection visit: 8 March 2017  
Date of publication: 13/04/2017

### Overall summary

We carried out an announced follow up inspection at Dentart on 08 March 2017.

We had undertaken an announced comprehensive inspection of this service on 13 June 2016 as part of our regulatory functions where a breach of legal requirements was found. This report only covers our findings in relation to those requirements and we reviewed the practice against Three of the five questions we ask about services: is the service safe, effective and well-led?

We revisited Dentart as part of this review and checked whether they had followed their action plan and to confirm that they now met the legal requirements.

We found that this practice was now providing Safe, effective and well-led care in accordance with the relevant regulations.

However, there were areas where the provider could make improvements and should:

- Review the practice's protocols for completion of dental records giving due regard to guidance provided by the Faculty of General Dental Practice regarding clinical examinations and record keeping.

# Summary of findings

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

We always ask the following five questions of services.

### Are services safe?

At our previous inspection we had found that the practice did not have effective systems in place to control the maintenance of equipment, staff had not received safeguarding training.

We carried out an inspection on the 8 March 2017. Action had been taken to ensure that the practice was safe because there were now effective systems in place to ensure equipment was maintained and staff had received safeguarding training up to the appropriate level.

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

No action



### Are services effective?

At our previous inspection we had found the practice was not providing effective care in accordance with the relevant regulations. This was because the practice was not assessing patients' needs and delivering care and treatment, in line with relevant published guidance, such as from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health (DH) and the General Dental Council (GDC)

We carried out an inspection on the 8 March 2017. Action had been taken to ensure that the practice was effective because staff now had an awareness of guidance and this was reflected in the completion of dental care records. However there was still further room for improvement in maintaining dental care records.

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

No action



### Are services well-led?

At our previous inspection we found that this practice was not providing well-led care in accordance with the relevant regulations. This was because clinical audits were not being undertaken appropriately.

We carried out an inspection on the 8 March 2017. Action had been taken to ensure that the practice was well led because clinical audits were now being undertaken.

No action



# Dentart

## 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 a review of this service on 8 March 2017 to check that improvements to meet legal requirements

planned by the practice after our comprehensive inspection on 13 June 2016 had been made. We reviewed the practice against three of the five questions we ask about services: is this service safe, effective and well-led?

The review was undertaken by a CQC inspector and a specialist dental advisor.

During our inspection we checked that the provider's action plan had been implemented by looking at a range of documents such as risk assessments, audits, maintenance records and policies. We also spoke with the manager of the practice and staff.

# Are services safe?

## Our findings

### **Reporting, learning and improvement from incidents**

The practice had suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. There had been no incidents over the past 12 months but staff were able to explain how incidents were logged and how they have learnt from previous incidents.

There was a system in place for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). The practice manager was able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months.

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

There was a child and adult safeguarding policy that had last been reviewed in 2014 and was scheduled to be reviewed in 2017. The policies had the contact details of the relevant people to contact in the local safeguarding team if they had any safeguarding concerns. Staff had received safeguarding training up to the appropriate level. The practice had a system in place for receiving and responding to patient safety alerts issued from the Medicines and Healthcare products Regulatory Agency (MHRA). We saw records of alerts were kept and discussed at team meetings where relevant.

At the last inspection we found that the practice did not maintain a COSHH (Control of Substances Hazardous to Health, 2002 Regulations) folder. We found that the practice was now maintaining a COSHH folder of substances used at the practice.

### **Staff recruitment**

The practice had procedures for the safe recruitment of staff. In order to reduce the risks of employing unsuitable staff the provider is required to complete a number of checks. They must, obtain references and complete an up to date Disclosure and Barring Service (DBS) checks. We saw that the provider had satisfactorily carried out the necessary required checks for staff who worked at the practice.

### **Infection control**

We found that an appropriate Legionella risk assessment had been completed in December 2016. The provider had a certificate to confirm that no bacterium was found but were still awaiting the risk assessment document from the company that had conducted the assessment. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings].

### **Equipment and medicines**

We found the equipment used in the practice was maintained in accordance with the manufacturer's instructions. This included X-ray equipment and the equipment used to clean and sterilise the instruments that had been serviced in October 2016.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

At the last inspection we did not see evidence of assessments to establish individual patient needs, staff did not show an awareness of current guidance from organisations such as the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE), Department of Health (DH), and the General Dental Council (GDC).

At our follow up visit we saw that improvements had now been made. For example staff showed an awareness of guidance from the FGDP, NICE and GDC. Records we checked showed evidenced that an assessment of periodontal tissue were taken using the basic periodontal examination (BPE) tool. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. There was also evidence of medical history checks. However, there were gaps in the records and there was room for further improvements. For example improvements could be made in regards to the recording of soft tissue examinations for some patients.

### Health promotion & prevention

Staff showed us information relating to health promotion that was given to patients. . Some of the records we checked had details of promotional and preventative advice given to patients, but there were gaps in the records and room for further improvements to be made.

### Staffing

Staff told us they had received appropriate professional development and training and the records we saw reflected this. The practice maintained a programme of professional development to ensure that staff were up to date with the latest practices. We saw staff had undertaking training in issues such as medical emergencies and safeguarding.

### Working with other services

The practice worked with other professionals in delivering care of their patients. This included for example referrals to hospitals for oral surgery. Records showed the practice worked with other services.

### Consent to care and treatment

Staff confirmed individual treatment options, risks and benefits and costs were discussed with each patient. The practice had consent forms for more complex procedures.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff at the practice had received formal training.

# Are services well-led?

## Our findings

### Governance arrangements

The provider had governance arrangements in place for the effective management of the service. There were procedures in place including health and safety, COSHH Regulations (2002) and infection control. There was a clear management structure in place with identified staff leading on specific roles such as on infection control and safeguarding. Staff told us they felt supported and were clear about their areas of responsibility.

The quality audits undertaken at the practice included infection control, radiography equipment audits and record keeping. Improvements could be made in regards to some

of the audits undertaken. For example the record keeping audit was not sufficiently detailed to enable the provider to compare the recording keeping of individual dentists and audits related to the grading of x-rays did not contain sufficient information on justifications. We spoke to the provider about this and following the inspection were provided with evidence that the provider had improved the audit system.

### Learning and improvement

Staff told us they had access to training. There was a system in place to monitor staff training to ensure essential training was completed each year. Staff working at the practice were supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).