

Proper Aesthetics Limited

# Davinci Dental Clinic

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 29 June 2023 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 practice 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 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:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. However, not all staff involved in the delivery of care and treatment to patients under sedation had the appropriate life support training.
- The practice had systems to manage risks for patients, staff, equipment and the premises.

# Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was leadership and a culture of continuous improvement. At the time of inspection there was no registered manager in post as required as a condition of registration.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements, however protocols for the use of closed-circuit television required strengthening.

## Background

Davinci Dental Clinic is in Wolverton, Milton Keynes and provides private dental care and treatment for adults.

The practice treatment rooms are on the first floor, which is accessed by stairs. People who use wheelchairs are directed to other local dental services.

Car parking spaces, including dedicated parking for people with disabilities, are available near the practice. The practice has long term plans to create ground floor surgeries to support patients with access requirements.

The dental team includes 4 dentists, 6 qualified dental nurses, 1 trainee dental nurse, 1 dental hygienist, 2 practice managers and 1 receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 3 dental nurses, the receptionist, and the practice managers. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday from 8.30am to 5.30pm

Tuesday from 8.30am to 5.30pm

Wednesday from 8.30am to 5.30pm

Thursday from 8.30am to 5.30pm

Friday from 8am to 4pm

The practice has taken steps to improve environmental sustainability. For example, reducing printing of documents, turning electricity off when not required and recycling where possible.

# Summary of findings

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

- Take action to ensure that all team members involved in the delivery of care and treatment to patients under sedation have the appropriate life support skills, taking into account the guidelines published by The Intercollegiate Advisory Committee for Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2020'.
- Implement protocols for the use of closed-circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.
- Take action to ensure the regulated activities at Davinci Dental Clinic are managed by an individual who is registered as a manager.

# 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>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</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 practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Safeguarding information was available throughout the practice and staff had access to the NHS Safeguarding application.

The practice had infection control procedures which reflected published guidance.

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

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT) and handheld X-ray equipment.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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

The practice had a visiting sedationist who offered sedation to nervous patients. The visiting sedationist had completed immediate life support training. The dental nurse had completed some medical emergency training including basic life support however, this did not include immediate life support training.

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

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

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

# Are services safe?

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

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

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. However, there was scope for improvement to include the latest antibiotic guidelines provided by the College of General Dentistry and ensure consistency in prescribing across the practice clinical team.

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

The practice had systems to review and investigate incidents and accidents. The practice 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.

The practice offered conscious sedation for patients by a visiting specialist. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks. However, there was scope for improvement to include supported staff such as the dental nurse to receive training in immediate life support.

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

The practice had access to digital X-rays and cone-beam computed tomography (CBCT), to enhance the delivery of care. We saw that when required, CBCT scans were included in the written consent forms and annotated in a way that a patient could understand.

### **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.

Oral health care products were on sale for patients for example toothbrushes, floss, interdental brushes and mouthwash. Information leaflets were available to patients as recommended by the dentist or upon request. These were available in a larger font on request.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They understood their responsibilities under the Mental Capacity Act 2005.

Patients had the option to receive their consent forms and treatment plans by email.

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 patient care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. Staff told us they felt they had enough time and support to complete their duties.

# Are services effective?

(for example, treatment is effective)

Staff were encouraged to continue their learning and development. Staff told us of examples of where the provider had supported them financially with training courses to enhance their learning and development.

Newly appointed 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.

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 caring?

## Our findings

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

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

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

Information about the practice and treatments was available for patients to read. Feedback from patients was wholly positive. Patient feedback and survey comments we reviewed indicated high levels of patient satisfaction with both the practice's staff and the environment. We noted patients were able to get an appointment when they needed to be seen.

On the day of inspection, we spoke with a patient who told us staff were caring, and considerate, and they were pleased with their overall experience.

We saw 22 patient comment cards which said staff were compassionate and understanding when they were in pain, distress, or discomfort. Staff were kind to them, and they would recommend the practice to family and friends.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. We noted that whilst the reception and waiting room area was open plan, staff were discreet in person and on the telephone, we were told patients were offered an alternative area to speak privately should they wish.

The practice had installed closed-circuit television to improve security for patients and staff, this included in the 3 treatment rooms. Not all the relevant information was in place and the positioning of a camera in a surgery did not respect patients' privacy. During the inspection the practice reviewed its processes to ensure patient privacy was maintained.

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 gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included photographs, study models, videos, X-ray images and an intra-oral camera.

# Are services responsive to people's needs?

## Our findings

We found 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care. We were told of examples where staff had supported patients who were nervous about treatment. Patients were invited to visit the practice before receiving any treatment to familiarise themselves with the building and help reduce any anxiety.

The practice had plans to improve accessibility. The treatment rooms and waiting area were on the first floor which was not accessible for patients with access requirements. However, the practice had long term plans to include options of installing a ground floor surgery. There was an accessible toilet on the ground floor. The practice also had a portable hearing loop to help patients who wore a hearing aid.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website, patient information leaflet and social media page.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. This included providing longer appointments to patients with additional needs. A text appointment reminder service was provided, and emergency appointment slots were available each day.

The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

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 who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

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

The practice had received 4 complaints within the previous 12 months to our inspection. We reviewed 2 complaints and saw the practice had responded to concerns and complaints appropriately. Where issues had been raised informally these had been reviewed and any learning discussed with staff. Staff discussed outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

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

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is an individual who is registered as a manager in respect of the regulated activities at or from that location.

### **Leadership capacity and capability**

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

There was strong leadership with emphasis on people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant issues or omissions.

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

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. Staff told us they felt supported by the leadership team and demonstrated a commitment to the ethos of the service.

### **Culture**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during annual appraisals and 1 to 1 meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The provider supported and funded staff training.

### **Governance and management**

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

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

We saw there were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

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

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

The practice had received over 10 thank you cards and gifts from patients. These were displayed in the staff kitchen.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

# Are services well-led?

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.