

Highgate Dental Practice Limited

The Highgate Dental Practice

Inspection report

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Overall summary

We carried out this announced inspection on 16 July 2021 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 usually ask five key questions, however due to the ongoing pandemic and to reduce time spent on site, only the following three questions were asked:

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

These are three of the five questions that form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services well-led?

Summary of findings

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

Background

Highgate Dental practice is located in the London Borough of Camden and provides private treatments to patients of all ages. The practice, a Grade II listed building is fully converted to a functional dental practice over three floors. There are five surgeries, decontamination areas, reception area, large waiting room and a garden accessible by patients.

The practice is situated close to public transportation services and other local amenities. Paid on-street parking is available and includes disabled parking bays.

The dental team includes the principal dentist, a specialist orthodontist, three associates, visiting specialists in endodontics, implants, prosthodontics and periodontics, four dental hygienists, three dental nurses and three receptionists.

The practice is owned by an organisation and as a condition of registration must have a person registered with the CQC 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 registered manager at Highgate Dental Practice is the principal dentist. The provider is registered to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures from one location.

The practice is open Monday- 09:00am – 5:30pm, Tuesday-Thursday- 09:00am – 7:30pm and Friday 09:00am - 5:00pm. Outside these hours, patients are advised to contact the dedicated phone number for advice and or treatment.

On the day of the inspection, we spoke with the principal dentist, one dental hygienist and one dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The practice provided general and specialist dentistry to service users.
- The provider had infection control procedures which reflected published guidance. Additional standard operating procedures have been implemented to protect patients and staff from Coronavirus.
- Appropriate personal protective equipment (PPE) was in use and staff had been fit tested.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage most risks to patients and staff.
- 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.
- Staff felt involved and supported and worked as a team.
- The provider dealt with complaints positively and efficiently.
- The provider had information governance arrangements.

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

- Take action to ensure a suitable fire safety risk assessment is undertaken and fire risks appropriately identified and mitigated.

Summary of findings

- Improve and develop the practice's policies and procedures for obtaining patient consent to care and treatment to ensure they are following legislation.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

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)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. The provider also had a system to identify and report adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider 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. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. Appropriate personal protective equipment (PPE) was in use and staff had been fit tested; the principal dentist was a trained fit-tester. The provider had systems in place to ensure appropriate fallow – a period of time designed to allow droplets to settle and be removed from the air following treatments involving the use of aerosol generating procedures.

The provider was meeting the essential requirements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05 guidance document. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately. We noted that decontamination was undertaken in two of the surgeries used for patient treatment. There was a separate decontamination room; however, this was on the third floor of the building and which made access difficult for staff members working on the lower levels.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment undertaken by a competent person on 28 January 2021. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The practice had a whistleblowing policy which detailed how staff could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

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. We looked at three staff recruitment records including the visiting clinicians. These showed the provider followed their recruitment procedure.

Are services safe?

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

We saw that the provider had taken some steps to mitigate the risk of fire, for example, they had fire fighting equipment and fire detection systems throughout the building. There were nominated fire wardens and all other staff members had received training in fire safety. We did not see evidence that a fire risk assessment was carried out in line with the legal requirements. We raised this with the provider who told us a professional fire risk assessment was undertaken, however this was misplaced at the time of the inspection. The premises we observed was similar to other listed buildings in that there were multiple rooms and several layers, which meant that there were particular environmental risks associated with them which needed effective management to ensure these were minimised.

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

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

The practice had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken in June 2021 and re-audited in December 2021. Staff we spoke to were able to describe steps they would take in the event of sharps injury.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was in place for when the dental hygienists who worked without chairside support.

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

The practice occasionally used long-term agency staff. We observed that these staff received an induction to ensure they were familiar with the practice's procedures.

Information to deliver safe care and treatment

Are services safe?

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 ten dental care records with clinicians to confirm our findings and observed that individual records were typed 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 requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

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

There was a stock control system of antimicrobials and analgesics which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines; however they had not undertaken antibiotic audits to evaluate clinicians were prescribing in line with guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving and acting on safety alerts. Staff 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 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. We saw 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 Specialist orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society. An Index of Orthodontic Treatment Need was recorded which would be used to determine whether a patient was eligible for NHS orthodontic treatment. The patient's oral hygiene was also assessed to determine if the patient was suitable for orthodontic treatment.

The practice offered dental implants. These were placed by one of the visiting clinicians who had undergone appropriate post-graduate training in the provision of dental implants. We saw the provision of dental implants was in accordance with national guidance.

Staff had access to technology equipment available in the practice e.g. intra-oral cameras to enhance the delivery of care. For example, the visiting endodontic specialist used a specialised operating microscope to assist in carrying out root canal treatment. The dentist also provided advice and guidance on endodontics to the other dentists in the practice.

Helping patients to live healthier lives

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

The clinicians did not routinely prescribe high concentration fluoride products because caries risk amongst the practice population was low. From the dental care records we checked, we saw that the clinicians, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

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

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff 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. We saw this documented in patients' records.

The practice had a consent policy which was recently updated; however, it did not include information about the Mental Capacity Act 2005. The provider understood their responsibilities under the act when treating adults who might not be

Are services effective?

(for example, treatment is effective)

able to make informed decisions. Although the policy made no reference to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances, staff were aware of the need to consider this when treating young people under 16 years of age. We saw that most clinical staff had completed training in Mental capacity.

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 provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

Staff new to the practice including locum and agency staff had a structured induction programme. We confirmed clinical staff completed the 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 provider told us they occasionally referred patients externally as most complex treatment could be undertaken by one of the visiting specialists.

The practice was a referral clinic for dental implants, orthodontics and endodontics and we saw staff monitored and ensured the dentists were aware of all incoming referrals daily. Staff monitored referrals through a manual system to ensure they were responded to promptly.

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

We found the provider had the capacity, values and skills to run the practice. They were knowledgeable about issues and priorities relating to the quality and future of the service and were addressing them.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had some processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

The practice had a culture of delivering holistic and high-quality care to service users which they told us was a reflection of the ethos of their practice- “the place for healthy, beautiful smiles that last a lifetime”.

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

At the time of the inspection, staff appraisals had lapsed due to the ongoing pandemic, however the provider told us they had regular ongoing conversation with staff members who were able to discuss learning needs, general wellbeing and aims for future professional development.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. Openness, honesty and transparency were demonstrated when responding to incidents and complaints as evidenced in a complaint received by the practice in the last year. We saw that the complaint was thoroughly investigated, apologies were made and appropriate action taken to resolve in a timely manner.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed. Policies were in place to protect staff from discrimination and bullying.

Governance and management

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

The principal dentist who was also the registered manager had overall responsibility for the management and clinical leadership of the practice. Responsibility for the day to day running of the service was shared between the management team who we did not meet on the day of inspection. Staff knew the management arrangements and their roles and responsibilities.

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 saw there were processes in place for managing risks, issues and performance.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Are services well-led?

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. Policies were in place for managing sensitive information and data management systems appeared to be in line with data security and legislation.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service. For example, the practice produced journals which were distributed in the local community and was used to relay important practice information including, covid-19 protocols, oral health advice, treatments on offer and operational hours.

The provider encouraged verbal and written comments from patients about their views of the care and treatment received. The provider gathered feedback from staff through meetings and informal discussions. The clinical staff had daily pre-clinical meetings to discuss any complex or unusual cases. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. Since the pandemic, the practice has been using a multiplatform messaging application to communicate with staff members, they gave examples of how effective this has been in response to Covid-19 and returning to work following the first national lock-down.