

B & A Group Limited

Finest Dental Canon Street

Inspection Report

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Date of inspection visit: 1 August 2019

Date of publication: 16/10/2019

Overall summary

We carried out this announced inspection on 1 August 2019 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 CQC inspector who was supported by a specialist dental adviser.

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

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 responsive?

We found that this practice was not providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Finest Dental Canon Street is in the City of London and provides private treatment to adults only.

There is access via a portable ramp for people who use wheelchairs and those with pushchairs. The practice is in the basement of the building and there is lift access for patients. Transport services are near the practice.

The dental team includes five dentists, five dental nurses, four treatment co-ordinators, one clinical manager and a practice manager (who also covers reception duties). The practice has four dental treatment rooms.

Summary of findings

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 Finest Dental Canon Street was the Clinical director of the company.

On the day of inspection, we collected feedback from three patients through CQC comment cards and speaking with patients.

During the inspection we spoke with two dentists, one dental nurse, the practice manager and the clinical manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 11am to 8pm Monday to Thursday, 8am to 5pm on Fridays and 10am-5pm on Saturdays.

Our key findings were:

- The practice appeared 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.
- The provider had systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supporting patients to ensure better oral health.

- The appointment system took account of patients' needs.
- The provider had effective leadership and culture of continuous improvement.
- Staff felt involved and supported and worked well as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider did not deal with complaints efficiently.
- The provider did not have suitable information governance arrangements.

Following discussions with the principal dentist they assured us that the practice would cease providing dental treatment procedures under conscious sedation until they had reviewed their procedures and addressed the issues and concerns we identified.

We identified regulations the provider was not complying with. They must:

- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulations the provider was not meeting are at the end of this report.

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	Requirements notice ✗
Are services well-led?	Requirements notice ✗

Are services safe?

Our findings

We found that 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 patients 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 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 had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the 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 business continuity plan describing how they would deal with events that could disrupt the normal running of the practice.

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 six staff recruitment records. These showed the provider broadly followed their recruitment procedure. There was lack of satisfactory evidence of conduct in previous employment for five of the six members whose staff recruitment records we checked. Copies of interview notes were also not available for five of the staff recruitment records we looked at.

There was no information available relating to recruitment checks in regards to the visiting sedationists. The provider had not assured themselves that all checks, if undertaken by a third party were complete and satisfactory.

We noted that staff employed most recently, however had relevant recruitment documents as per current legislation.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

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

Records showed that fire detection and firefighting equipment were regularly tested and serviced.

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

We saw evidence that 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 (CPD) in respect of dental radiography.

The practice had a cone beam computed tomography machine. Staff had received training and appropriate safeguards were in place for patients and staff.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

The practice was in a shared building. The landlord had responsibility for all health and safety aspects and risk assessing. We saw that there were systems in place where the landlord provided information about the safety checks relating to health and safety and electrical testing. The practice had their own health and safety policies, procedures and risk assessments which were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) 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 these 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 (GDC) Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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

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.

The provider had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

We found staff had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

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. All recommendations had been actioned and records of water testing and dental unit water line management were in place.

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

Information to deliver safe care and treatment

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 a sample of dental care records to confirm our findings and noted that individual records were written 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 (GDPR) requirements.

Patient referrals to other service providers contained specific information which allowed appropriate and timely referrals in line with practice protocols and current guidance.

Safe and appropriate use of medicines

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

There was a suitable stock control system of medicines 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.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Are services safe?

Track record on safety and Lessons learned and improvements

In the previous 12 months there had been no safety incidents. There were adequate procedures for reviewing and investigating when things went wrong.

There was a system for receiving safety alerts. They were received by the practice and shared with clinicians but there was no evidence of how they were discussed or acted upon.

Are services effective?

(for example, treatment is effective)

Our findings

We found that 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 practitioners up to date with current evidence-based practice. We saw that 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 practice specialised in placing dental implants. The dentists who placed implants had undergone appropriate training in this speciality. The provision of dental implants was in accordance with national guidance.

Staff had access to a scanner to enhance the delivery of care.

Helping patients to live healthier lives

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

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 and we saw this documented in-patient record.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions.

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.

We saw the practice audited patients' dental care records to check that the dentists recorded the necessary

information. The sample size audited was small and not all dentists' records were audited. We discussed this with the clinical manager and they told us they would review their processes.

The practice carried out conscious sedation for patients who were nervous. This included people who were very nervous of dental treatment and those who needed complex or lengthy treatment. The practice had systems to help them do this safely. Conscious sedation was carried out by a visiting sedationist.

Improvements were needed to ensure that the provision of dental treatment procedures under conscious sedation was in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015.

The practice had systems to carry out patient checks before and after treatment. The staff assessed patients appropriately for sedation. The dental care records showed that patients having sedation had important checks carried out first. These included a detailed medical history; blood pressure checks and an assessment of health using the American Society of Anaesthesiologists classification system in accordance with current guidelines.

They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions. The records showed that staff recorded important checks at regular intervals. This included pulse, blood pressure, breathing rates and the oxygen saturation of the blood.

Appropriate emergency equipment and medicines were not available. There were no arrangements to gain assurances in relation to sedation equipment checks or the sedationists' qualifications and skills. Practice staff who treated patients and staff who provided chairside support had not undertaken training in conscious sedation or immediate life support (ILS).

Following discussions with the principal dentist they assured us that the practice would cease providing dental treatment procedures under conscious sedation until they had reviewed their procedures and addressed the issues and concerns we identified.

Effective staffing

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a period of induction based on a programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff had the opportunity to discuss their training needs at annual appraisals. We saw evidence of completed appraisals and how the practice addressed the training requirements of staff.

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 if they needed treatment the practice did not provide.

Staff had systems to identify, manage, follow up and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Patients commented positively that staff were helpful and caring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. If a patient asked for more privacy, staff would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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 were aware of the

the requirements under the Equality Act.

We saw:

- Interpretation services were available for patients who did speak or understand English. Patients were also told about multi-lingual staff that might be able to support them.
- Staff communicated with patients in a way that they could understand, and communication aids and easy read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

One of the dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, models, videos, X-ray images and a scanner.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that this practice was not providing responsive care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Responding to and meeting people's needs

The practice had made reasonable adjustments for patients with disabilities. These included ramp access, into the building and a lift to get to the basement, designated chairs for people with restricted mobility (high seats) and a separate area for patients who were nervous or required extra privacy.

A disability access audit had been completed and an action plan formulated to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it in their information leaflet and on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were seen the same day.

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 confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The provider had a policy providing guidance to staff on how to handle a complaint. The practice was not following the policy when dealing with complaints.

The practice manager was responsible for dealing with these. Staff would tell the practice manager about any formal or informal comments or concerns. The information was then passed to the head office for triaging.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

We looked at comments, compliments and complaints the practice received in the past 12 months.

These showed the practice was not responding to concerns appropriately. The practice had two different lists of complaints and they were unsure which was the most up to date. Staff were uncertain as to how many active complaints there were currently. There was no evidence that the practice responded to complaints in a timely manner or in line with their policy. Two of the complaints we reviewed confirmed this, as the complainants had sent letters stating that their complaint had not been acknowledged. Outcomes of complaints were not discussed or shared for learning purposes.

Are services well-led?

Our findings

We found that this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found the company had the capacity and skills to deliver high-quality, sustainable care. However, a lack of managerial oversight impacted the day-to-day management of the service as demonstrated in our findings.

The clinical manager told us that the previous management arrangements for the company meant that practice managers held responsibilities for the management of more than one location. This had impacted on the day-to-day management of the service. These arrangements had been reviewed recently and over the past few months the location was managed by a practice manager who only worked at this location.

Culture

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

There were comprehensive procedures to address staff disciplinary issues.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

There were ineffective governance systems to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day-to-day running of the service.

The provider had a newly introduced system of clinical governance in place which included policies, protocols and procedures. These were accessible to all members of staff. However, they were not fully understood or embedded into practice.

The practice was part of a corporate group which had a support centre where teams including human resources, finance, clinical support and patient support services were based. Arrangements for these teams to support and offer advice were ineffective. Improvements were needed to ensure effective processes for assessing and managing safety and risks in relation to several areas. There were ineffective arrangements for monitoring staff recruitment and training, and complaints.

Appropriate and accurate information

Improvements were needed so that quality and safety information was used to ensure and improve performance.

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

The provider used patient surveys, comment cards, verbal comments to obtain staff and patients' views about the service. We reviewed the patient survey results for May 2019. The results were positive in areas including patients feeling involved in decisions and receiving a good service.

The provider gathered feedback from staff through fortnightly meetings and informal discussions. Staff told us they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on. We saw minutes of team meetings to confirm this.

Continuous improvement and innovation

There were inadequate systems and processes for learning, continuous improvement and innovation.

There were no ongoing arrangements for reviewing and monitoring areas to identify and act on areas where improvements were needed.

Audits were carried out infrequently. For example, the infection control audit was completed annually. Some audits lacked detail and did not have clear records of the results.

There were limited arrangements for monitoring staff training and development or to ensure that staff completed 'highly recommended' training as per General Dental

Are services well-led?

Council professional standards. The practice did not routinely collect training certificates to evidence training completed by staff. There was a lack of systems in place for monitoring training.

The dental nurses and treatment co-ordinators had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 16</p> <p>Receiving and acting on complaints</p> <p>How the regulation was not being met</p> <p>The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.</p> <p>In particular:</p> <ul style="list-style-type: none">· Complaints were not responded to within the required timescales as per the organisations policy. Two of the complaints we reviewed had correspondence stating that their complaint had not been responded to.· A comprehensive and accurate record of on-going complaints was not maintained and the actual number of open complaints could not be established. <p>Regulation 16 (2)</p>

Regulated activity	Regulation
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Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 17

Good governance

Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

How the regulation was not being met

There were limited systems and processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.

- Risks associated with undertaking dental procedures under conscious sedation had not been suitably identified and mitigated.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.

In particular:

- Infection prevention and control audits were not undertaken regularly as per current guidance to demonstrate on-going assessment and improvement in relation to quality and safety.
- Audits lacked detail and were not comprehensive.

Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to the management of the regulated activity or activities.

- There were no arrangements to undertake and document checks related to conscious sedation equipment, staff training or staff recruitment.
- Certificates and monitoring systems to monitor staff training and continuing professional development were not maintained.
- Systems were not robust for collecting records relating to evidence of conduct in previous employment and copies of interview notes.

Regulation 17 (1)