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# Swiss Cottage Dental Clinic

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 20 October 2022 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 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:

- The dental clinic was visibly 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.
- The practice had systems to help them manage risk to patients and staff.
- 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.

# Summary of findings

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

## Background

The provider has 3 dental practices and this report is about Swiss Cottage Dental Centre.

Swiss Cottage Dental Centre is in Swiss Cottage in the London Borough of Camden and provide NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with additional needs. For example, one side of the reception counter provided low access for those in wheelchairs.

The dental team includes 1 principal dentist, 1 associate dentist, 1 dental hygienist/therapist, 2 qualified dental nurses and 2 reception staff. They are supported by a practice manager who worked peripatetically across the three practices. The practice has 2 treatment rooms and a separate decontamination room.

During the inspection we spoke with the principal dentist, the dental hygienist/ therapist, 1 dental nurse, 1 of the reception staff and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday 9am to 6pm. During out of hours, patients were advised to contact the NHS 111 service for urgent and emergency care.

There was an area where the provider could make improvement. They should:

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

# 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. All staff had received training applicable to their roles. We also saw that the provider had system to record safeguarding concerns raised.

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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice 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.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. We saw documentary evidence to confirm that one of the dental nurses who had recently qualified was in the process of obtaining professional indemnity cover.

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

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

The practice had some arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, the practice arrangements to ensure the safety of the X-ray equipment needed improvements to ensure adherence to legislation. The required radiation protection information was available, however staff told us that the 3 yearly quality assurance tests had lapsed. We saw evidence an appointment was scheduled with the contractors to attend on 25 October 2022. We received evidence following the inspection to confirm that the equipment had received assurance tests and examination and were fit for continued use.

At the inspection, we judged the risk of harm to service users to be minimal because the provider was able to demonstrate that the X-ray units had received annual electrical and mechanical examination on 11 May 2022 and the results indicated that the equipment was in satisfactory condition to be used for clinical purposes.

We saw evidence the clinicians justified, graded and reported on the radiographs they took. Furthermore, we saw that the clinicians undertook 3 monthly radiography audits.

### **Risks to patients**

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

Emergency equipment and medicines were available and checked in accordance with national guidance. Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support every year.

# Are services safe?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. They also ensured data sheets were available and accessible to staff.

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

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

The practice had effective 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.

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

The practice had implemented systems for reviewing and investigating 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.

One of the dentists was a qualified oral surgeon and we saw the provision of dental implants was in accordance with national guidance. We noted that the equipment used was purchased in 2019 and had not received servicing to date. We raised this with the provider who told us they would contact the manufacturer to ensure the equipment was serviced.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

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 in line with recognised guidance.

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

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

### **Effective staffing**

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

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.

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

Feedback left by patients indicated that they were satisfied with the care and treatment provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

We noted that all clinical rooms had doors which were closed to maintain patients' privacy and dignity during care and treatments.

Staff we spoke to on the day told us that if patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely. We saw that staff logged off or locked the computers when stepping away from the device.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care.

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

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models, videos and X-ray images.

# 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan 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 had an appointment system to respond to patients' needs.

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

The practice responded to concerns and complaints appropriately and discussed outcomes with staff 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.

### **Leadership capacity and capability**

The provider demonstrated a transparent and open culture in relation to people's safety. There was a newly appointed practice manager who was working closely with a compliance organisation.

There was strong leadership and emphasis on continually striving to improve.

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

### **Culture**

The practice could show how they had improved over time. The provider talked about how CQC inspections helped them to better understand the regulations and now had systems and processes to ensure sustainability.

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 a copy of this was stored in individual staff files. 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.

### **Governance and management**

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

The practice 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 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 these in protecting patients' personal information.

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

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

We looked at the most recent staff survey; all staff spoke positively about the practice and were given the opportunity to suggest improvements.

At the time of the inspection, the provider had recently introduced a digital online feedback system whereby patients could leave feedback at the scan of a barcode which takes them directly to the providers web page. This was monitored by the practice manager.

# Are services well-led?

## **Continuous improvement and innovation**

The practice had systems and processes for learning, continuous improvement and innovation. We saw that the provider had documented business plans which detailed future planning, for example, we saw that there had been communication between the provider and commissioners regarding relocating the two other locations to one purpose built dental practice comprising two surgery rooms.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.