

Evo Dental Centre Limited

# EvoDental Leeds Clinic

## Inspection report

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Date of inspection visit: 06/12/2023

Date of publication: 19/01/2024

### Overall summary

We carried out this announced comprehensive inspection on 6 December 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.
- The practice had systems to manage risks for patients, staff, equipment and the premises. The inspection highlighted some risks in relation to sharps safety and ensuring equipment is serviced in line with manufacturer's instructions.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

# Summary of findings

- 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.
- There was effective leadership and a culture of continuous improvement. The process for reporting and acting on significant events should be improved.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- There were systems to deal with complaints positively and efficiently.
- The practice had information governance arrangements.

## Background

The provider is part of a dental group provider Evo Dental Centre Limited which has 5 locations registered with the CQC, and this report is about EvoDental Leeds Clinic.

EvoDental Leeds Clinic is in Leeds and provides private dental implants and sedation for adults.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. The premises includes a car park including dedicated parking for disabled people. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 4 dental nurses, a business manager, 1 receptionist and 1 patient coordinator. The team is supported by a company senior management team, a clinical leadership team, a business manager, and a group patient coordinator.

The practice has 2 treatment rooms. The practice has onsite dental laboratory facilities with 2 dental lab technicians.

During the inspection we spoke with 3 dentists, 3 dental nurses, the receptionist, the patient coordinator, the business manager, the group patient coordinator, the operations director and the group senior clinician. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Tuesday to Friday 8am to 6pm

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

- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular, servicing of equipment at appropriate intervals.
- Implement an effective system for recording, investigating and reviewing accidents, incidents and significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.

# 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. Staff received training and knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance. The practice had appointed an infection prevention and control lead with additional training to oversee and maintain standards. We saw the design and layout of surfaces and touch-free equipment in the treatment rooms and decontamination room supported staff to follow appropriate infection prevention and control processes. We discussed with staff how the processes could be validated and made safer for staff if a washer disinfectant was installed.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We noted some hot water temperatures were not always in the recommended range to achieve thermal control. We discussed this with the manager who assured us this would be reviewed and rectified.

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, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured the facilities were maintained in accordance with regulations. A system was not in place to keep track of when servicing of equipment was required; In particular the autoclaves and gas boiler were overdue their annual servicing. Staff did not know if the dental implant motor and patient monitoring devices required any servicing or calibration. The manager confirmed they would refer to the manufacturers' instructions for these devices and act on their recommendations.

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) equipment.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. The sharps management process and associated risks and responsibilities for all sharp items in use at the practice had not been effectively assessed in line with current regulations. In addition, staff did not follow the policy that only clinicians should dismantle sharps. The business manager gave assurance this would be discussed with staff and rectified.

Staff received sepsis awareness training. We highlighted reception staff would benefit from having sepsis awareness information to refer to.

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

# Are services safe?

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training was also completed by staff providing treatment to patients under sedation.

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.

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.

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

The practice had systems to review and investigate incidents and accidents, but we were not assured these were followed. A recent sharps injury had been documented but there was no evidence this had been investigated and followed up appropriately to ensure learning and prevention of further occurrences. Staff also discussed a recent sedation incident. We found this had not been escalated to senior staff or documented to enable an investigation to be carried out.

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 provides same day fixed teeth on full jaw implants. We saw the provision of dental implants was in accordance with national guidance.

The practice had systems to keep dental professionals up to date with current evidence-based practice. Weekly clinical multi-disciplinary treatment planning discussions, training and meetings took place. The provider had installed large monitors in meeting rooms and treatment rooms to show images, scans and 3 dimensional images and mock ups to support the team.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. The design and choice of integrated equipment supported staff to monitor patients during and after treatment.

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

The practice provided preventive care and supported patients to ensure better oral health. Patients were provided with oral health information, oral care products and follow up appointments to support them to care for their dental implants.

### **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.

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 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 carrying out phlebotomy had the appropriate training.

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.

On the day of inspection, we spoke with 1 patient. Patient feedback provided a positive view of the dental team and care provided by the practice. Patient comments included that staff were welcoming and attentive, and showed compassion and understanding when they were in pain, distress or discomfort.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. The practice did not have a waiting room, private suites were provided for patients and their relatives to wait in. These included refreshments, televisions including online streaming services and large monitors to enable staff to show and discuss patients detailed scans, images and treatment plans in a comfortable, non-clinical environment.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

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 leaflets provided patients with information about the range of treatments available at the practice and financial options.

The dentists showed and explained the methods they used to help patients understand their treatment options. These included photographs, 3 dimensional digital models, videos, X-ray, CBCT scan and intra-oral camera images. The clinical software enabled staff to show patients mock ups of the expected final results to help manage their expectations.

# 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.

The practice had made reasonable adjustments, including a hearing loop for patients with access requirements. 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 leaflets 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.

The practice's website, patient information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Staff took part in an emergency on-call rota.

Patients who needed an urgent appointment were offered one in a timely manner.

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

The practice had systems to respond to concerns and complaints appropriately. Staff told us they would discuss 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 legally responsible for the management of services for which the practice is registered. An application had been submitted to the CQC to address this.

### **Leadership capacity and capability**

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

There was strong leadership with emphasis on peoples' 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, training and responsibilities.

### **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, 1 to 1 meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw continuous discussion between staff in all sites of the organisation on the company intranet discussion facility.

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 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. The inspection highlighted some additional risks in relation to sharps safety, equipment servicing and significant event reporting and investigation. During the inspection we found all staff were open and responsive to discussion and feedback to improve the practice.

### **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.

# Are services well-led?

Feedback from staff was obtained through meetings, team building days 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.

## **Continuous improvement and innovation**

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. 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. We saw examples of innovation. In particular, the design and layout of the treatment rooms, use of touch-free integrated technology and equipment to support staff in following the workflow, effective cleaning and patient monitoring.