

Mr. Michael Watts

# Baker Street Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 26 May 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 most life-saving equipment were available. Missing sizes of face masks were ordered immediately.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which mostly 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.

# Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Improvements could be made in assessing and mitigating risks in relation to lone working and prescription management.

## Background

Baker Street Dental Practice is in Potters Bar, Hertfordshire and provides NHS and private dental care and treatment for adults and children.

There is step free 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 access requirements.

The dental team includes 2 dentists, 2 dental nurses, 1 of whom also works on reception, 1 trainee dental nurse, 2 dental hygienists, and the practice manager. A sedationist visits the practice to provide conscious sedation. The practice has 3 treatment rooms.

During the inspection we spoke with 2 dentists, 2 dental nurses, and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8am to 6pm

Alternate Saturdays from 8am to 1pm.

The practice had taken steps to improve environmental sustainability by using digital X-ray systems to reduce the amount of radiation released into the environment and had digitalised patient care records.

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

- Take action to ensure that all the staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.
- Take action to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service.
- Improve the practice's recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff. In particular, ensuring all staff have satisfactory evidence of conduct in previous employment (references).

# 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. Clinicians completed training for safeguarding children and vulnerable adults as part of their annual core training updates. Safeguarding discussions, including a presentation, and questions & answers, were part of structured team meetings that were attended by all staff. These discussions were utilised to provide non-clinical staff with in-house training. Although not all staff had completed formalised training, we were assured that they had the knowledge to recognise and take action with regards to safeguarding.

The practice had infection control procedures which reflected published guidance. They had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. An infection prevention and control audit completed in July 2022 by staff showed the practice was meeting the essential requirements. However, we did not see evidence that audits had been completed 6 monthly in-line with guidance. The infection prevention and control audit was reviewed by the practice manager immediately following the inspection which confirmed the previous findings.

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

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. There was scope to improve the availability and storage of cleaning equipment. Immediately after the inspection we were sent evidence that additional colour coded cleaning equipment had been obtained and improvements were made to the storage of mops.

The practice had a recruitment policy and procedure to help them employ suitable staff. These mostly reflected the relevant legislation. Disclosure and Barring Service (DBS) checks, a record of employment history and proof of identification records were available in staff files. However, we found that not all staff records for recently recruited staff included satisfactory evidence of conduct in previous employment (references) and that risk assessments had not been completed. We discussed this with the practice manager who immediately reviewed the recruitment procedures to ensure that risk assessments would be completed if references were not obtained at the commencement of employment.

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

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

A fire safety risk assessment was carried out in line with the legal requirements, and we saw that the recommended actions had been completed. We saw evidence that fire detection and fire safety equipment, including emergency lighting were serviced annually. We saw that fire detection equipment was checked monthly and fire evacuation drills were completed. Fire training was provided to staff during practice meetings. Immediately after the inspection we were sent evidence that the practice had implemented weekly checks of the smoke detection equipment and emergency lighting and had recorded the time taken to evacuate the practice. The practice also arranged on-line fire marshal training for the practice principal and 4 staff members.

# Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and most of the required radiation protection information was available. The practice completed annual electromechanical servicing of the X-ray units. However, we were not provided with evidence on the day that performance checks had been completed for the intra oral X-ray units within 3 years. Immediately after the inspection the practice sent us evidence that the 3 yearly checks had been arranged for 1 June 2023.

## **Risks to patients**

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. Improvement was needed to identify and mitigate the risks of lone working for the hygienists and to ensure that all sharps' containers were dated. Immediately after the inspection we were provided with a risk assessment for the hygienists for when they worked without chairside support and send photographs showing that the date had been recorded on all the sharps boxes.

Emergency medicines and most equipment were available and checked in accordance with national guidance. We found that the practice did not have all sizes of clear face masks for the self-inflating bag as recommended in guidance. Immediately after the inspection we were provided with evidence that the missing sizes of face masks had been ordered. We saw that the practice did not have a spillage kit for mercury, or eye wash and the spillage kit for blood had expired in 2015. The spillage kits were ordered on the day of the inspection and eye wash obtained immediately following the inspection.

In addition, we found that the medicine used to manage low blood sugar (Glucagon) was stored in the fridge. However, the fridge temperature was not monitored to ensure that the medicine was stored at the temperature recommended by the manufacturer. Immediately after the inspection we were sent evidence that a new Glucagon had been ordered and were told that the medicine would now be stored with the other emergency medicines with a reduced expiry date in line with manufacturer's guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year including level 2 automated external defibrillator training. Immediate life support training was also completed by the visiting dental sedationist.

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. We saw that the practice logged all prescriptions issued to patients. There was scope to improve the records relating to prescription pads kept at the practice to ensure all prescriptions pads could be accounted for. Immediately after the inspection we were sent evidence that a record of the prescription numbers relating to the pads held in the practice had been implemented.

Antimicrobial prescribing audits were carried out.

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

# Are services safe?

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### **Effective needs assessment, care and treatment**

The practice had systems to keep dental professionals up to date with current evidence-based practice.

The practice offered intravenous conscious sedation for patients provided by a visiting sedationist. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability. However, all staff providing treatment to patients under sedation had not completed immediate life support training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training). Immediately after the inspection we were provided with evidence that immediate life support training had been arranged for all staff for 21st July 2023.

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

The practice provided preventive care and supported patients to ensure better oral health. Oral health care products were available for sale to patients.

### **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 dental care records in line with recognised guidance. There was some inconsistency in the recording of risk assessments for caries, periodontal disease and cancer and basic periodontal examinations (BPE). This was raised with the provider who immediately implemented an updated practice record keeping protocol and record keeping audit tool with clinicians to rectify this omission.

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

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

### **Effective staffing**

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

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 reviewed patient feedback and spoke with patients. Feedback we received from patients indicated that they were very happy with the care they had received at the practice.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

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

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

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

# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including step free access and a disabled toilet facility 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 and patient information leaflet.

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

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

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

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

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

# Are services well-led?

## Our findings

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

### **Leadership capacity and capability**

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

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

Systems and processes were embedded in most parts, and staff worked together in such a way that where the inspection identified areas for improvement these were acted on immediately.

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**

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

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

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

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

### **Governance and management**

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

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

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

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

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

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

Feedback from staff was obtained through meetings, surveys, 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. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Improvement could be made to the frequency of infection prevention and control audits in-line with guidance. Staff kept records of the results of these audits and the resulting action plans and improvements.