

Dentasmile Limited

# North Square Dental Practice

## Inspection Report

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### Overall summary

We carried out an announced comprehensive inspection on 14 November 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

#### **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 providing responsive care in accordance with the relevant regulations

##### **Are services well-led?**

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

#### **Background**

North Square Dental Practice located in Edmonton provides NHS and private dental treatment to patients of all ages.

Practice staffing consists of the principal dentist/ Implantologist, six dentists, one hygienist, one orthodontist, five dental nurses, two receptionists and a practice manager.

The principal dentist is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons 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 practice is open Monday to Friday 9am to 5.30pm and Saturdays 9am to 1pm

The practice facilities include five treatment rooms, a reception and waiting area for patients, a decontamination room and an office and kitchen area.

31 patients provided feedback about the service. Patients we spoke with and those who completed comment cards were very positive about the care they received about the service. Patients told us that they were happy with the treatment and advice they had received.

#### **Our key findings were:**

# Summary of findings

- Patients received clear explanations about their proposed treatment, costs, benefits and risks and were involved in making decisions about it.
- Patients were treated with dignity and respect and confidentiality was maintained.
- There were systems in place to reduce the risk and spread of infection. Dental instruments were cleaned and sterilised in line with current guidance.
- Staff had received safeguarding children and adults training and knew the processes to follow to raise any concerns. The practice had whistleblowing policies and procedure and staff were aware of these and their responsibilities to report any concerns.
- Patients' needs were assessed and care was planned in line with current guidance such as from the National Institute for Health and Care Excellence (NICE).
- Equipment, such as the compressor, fire extinguishers, and X-ray equipment had all been checked for effectiveness and had been regularly serviced.

- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- Staff had been trained to handle medical emergencies, and appropriate medicines and life-saving equipment were readily available.
- Governance systems were effective and there were a range of policies and procedures in place which underpinned the management of the practice.

There were areas where the provider could make improvements and should:

- Review the practice's protocols for recording in the patients' dental care records or elsewhere the reason for taking the X-ray and quality of the X-ray giving due regard to the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2000.
- Review the protocol for completing accurate, complete and detailed records relating to employment of staff.

# 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?

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

The practice had systems in place for identifying, investigating and learning from incidents relating to the safety of patients.

Patients were protected against the risks of abuse or harm through the practice policies and procedures. Staff were trained to recognise and report concerns about patients' safety and welfare and had access to contact details for the local safeguarding team.

The practice was visibly clean and infection control procedures were in line with national guidance.

The cleaning and decontamination of dental instruments was carried out in line with current guidelines. Regular audits and checks were carried out to ensure that the infection control arrangements were effective.

There was a range of equipment and medicines for use in medical emergencies and these were in line with national guidance. Staff had undertaken appropriate training. Medicines and equipment were stored appropriately, accessible and regularly checked.

The practice had undertaken a risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) regulations.

Improvements were required to ensure staff recruitment records were suitably maintained.

No action



### Are services effective?

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

The practice provided evidence-based care in accordance with relevant, published guidance, for example, from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health (DH) and the General Dental Council (GDC).

Health education for patients was provided by the dentists and hygienist. They provided patients with advice to improve and maintain good oral health

The practice ensured that patients were given sufficient information about their proposed treatment to enable them to give informed consent.

The staff kept their training up-to-date and received professional development appropriate to their role and learning needs. Staff who were registered with the General Dental Council (GDC) demonstrated that they were supported by the practice in continuing their professional development (CPD) and were meeting the requirements of their professional registration.

Improvements were required to ensure justification of X-rays was suitably recorded in the dental care records or elsewhere.

No action



# Summary of findings

## Are services caring?

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

Patients were complimentary about the practice and how the staff treated them. Patients commented positively on how caring and helpful staff were, describing them as friendly, compassionate and professional.

Patients felt listened to and were given appropriate information and support regarding their care or treatment. They felt their dentist explained the treatment they needed in a way they could understand. Staff had a good awareness of how to support patients who may lack capacity to make decisions about their dental care and treatment.

No action



## Are services responsive to people's needs?

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

Appointment times met the needs of patients and waiting times were kept to a minimum. Staff told us all patients who requested an urgent appointment would be seen where possible on the same day or within 24 hours.

Patients who had difficulty understanding care and treatment options were suitably supported.

The practice had a procedure in place for dealing with complaints.

No action



## Are services well-led?

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

The practice had a range of policies and procedures for the smooth running of the service. The nurse we spoke with described an open and transparent culture where they were comfortable raising and discussing concerns with each other.

There was a pro-active approach to identifying safety issues and making improvements in procedures.

There was a culture of candour, openness, honesty and transparency at the practice.

Patients' views were regularly sought by way of a patient survey and these were acted upon as required. Staff commented that the principal dentist was open to feedback regarding the quality of the care.

No action



# North Square Dental Practice

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The inspection took place on the 14 November 2016 and was undertaken by a CQC inspector and a dental specialist advisor. Prior to the inspection we reviewed information submitted by the provider.

The methods used to carry out this inspection included speaking with the four dentists, practice manager, three dental nurses and receptionist on the day of the inspection, reviewing documents, completed patient feedback forms and observations.

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 therefore formed the framework for the areas we looked at during the inspection.

# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had an incidents and accident reporting procedure. We were told that all incidents and accidents would be reported in the incident log and accident books. There had been no accident in the past 12 months. Staff we spoke with were aware of reporting procedures including who and how to report an incident to.

The practice had systems in place to receive safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA) and NHS England by email and ensure they were shared with staff working in the practice. This included forwarding them to relevant staff.

The dentists and staff demonstrated a good understanding of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 2013) and had the appropriate documents in place to record if they had an incident. There had been no RIDDOR incidents within the past 12 months.

Records we viewed reflected that the practice had carried out some risk assessment in relation to the Control of Substances Hazardous to Health 2002 (COSHH) Regulations.

We discussed the Duty of Candour requirement in place on providers and the principal dentist demonstrated understanding of the requirement. They gave us explanations of how they ensured they were open and transparent with patients. The explanations were in line with the expectations under the duty of candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

### Reliable safety systems and processes (including safeguarding)

One of the dentists was the safeguarding lead. The practice had policies and procedures in place for safeguarding adults and child protection. Staff had completed child protection and adult safeguarding training. Details of the local authority safeguarding teams were readily available, as were the relevant safeguarding escalation flowcharts and diagrams for recording incidents. This information was

also displayed for staff reference. Staff we spoke with demonstrated an understanding of safeguarding issues including how to respond to suspected and actual safeguarding incidents.

The system for managing medical histories was comprehensive and robust. All patients were requested to complete medical history forms including existing medical conditions, social history and medication they were taking. Medical histories were updated at each subsequent visit. During the course of our inspection we checked dental care records to confirm the findings and saw that medical histories had been updated appropriately.

We noted that rubber dams were being routinely used in root canal treatment in line with current guidance. (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured)

### Medical emergencies

There were emergency medicines in line with the British National Formulary (BNF) guidance for medical emergencies in dental practice. These were stored securely. Staff also had access to emergency equipment on the premises including medical oxygen. We saw records of the weekly checks that were carried out to ensure the medicines were not past their expiry dates and there were daily and weekly checks to ensure equipment was in working order.

The practice had an automated external defibrillator (AED) in line with Resuscitation Council UK guidance and the General Dental Council (GDC) standards for the dental team. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm].

Staff had completed recent basic life support training which was updated annually and were aware of where medical equipment was kept.

### Staff recruitment

# Are services safe?

Practice staffing consists of the principal dentist/ Implantologist, six dentists, one hygienist, one orthodontist, five dental nurses, two receptionists and a practice manager.

The practice manager told us that the current staffing number was sufficient to meet the needs of their patients.

The provider had an appropriate policy in place for the selection and employment of staff. This included requiring applicants to provide proof of address, proof of identification, references, and proof of professional qualifications and registrations. However this policy was not always being followed.

Not all clinical Staff had a Disclosure and Barring Services (DBS) check completed (The DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable) The practice manager assured us that the recruitment policy would be reviewed and that DBS checks would be carry out on any member of staff that didn't have one at present.

## **Monitoring health & safety and responding to risks**

The practice had a health and safety policy and appropriate plans in place to deal with foreseeable emergencies. The health and safety policy covered identifying hazards and matters relating to staff and people who accessed the practice. There was a business continuity plan that outlined the intended purpose to help the practice overcome unexpected incidents and the responsibilities and duties. The plan outlined potential problems such as loss of computer system, loss of telephone and loss of electricity. Procedures were in place to enable them to respond to each situation. Where relevant contact telephone numbers of organisations to contact were listed in the policy.

The practice carried out risk assessments to ensure they were prepared to respond to safety issues.

## **Infection control**

The practice had an infection control policy that outlined the procedure for all issues relating to minimising the risk and spread of infections.

There was a separate decontamination area. One of the dental nurses gave a demonstration of the decontamination process which was in line with guidance

issued by the Department of Health, namely 'Health Technical Memorandum 01-05 - Decontamination in primary care dental practices (HTM 01-05). This included placing all dirty instruments into the washer disinfectant, inspecting instruments under an illuminated magnifying glass to visually check for any remaining contamination (and re-washed if required); then placing in the autoclave; pouching and then date stamping, so expiry date was clear. Staff wore the correct personal protective equipment, such as apron and gloves during the process.

Clinical waste bins were assembled and labelled correctly in each surgery and waste was stored appropriately until collection by an external company.

The treatment room was visibly clean and tidy. There were appropriate stocks of personal protective equipment such as gloves and disposable aprons for both staff and patients. There were enough cleaning materials for the practice. Paper hand towels and hand gel was available.

We were told the dental nurse was responsible for cleaning all surfaces and the dental chair in the surgery in-between patients and at the beginning and end of each session of the practice in the mornings/ evenings. External cleaning staff undertook domestic cleaning at the practice.

A Legionella risk assessment had not been carried out; However we saw evidence that this had been booked to be carried out. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings] Hot and cold water temperature monitoring was being undertaken and documented and dental unit water lines were being maintained in line with current guidance. Water temperature checks were completed every month on water lines in the surgeries and decontamination room. Purified water was used in dental lines. Taps were flushed daily in line with recommendations.

An infection control audit was carried out in September 2016.

## **Equipment and medicines**

There were appropriate arrangements in place to ensure equipment was suitably maintained. Service contracts were in place for the maintenance of the compressor The compressor was serviced in April 2016. The practice had portable appliances and had carried out PAT (portable appliance testing). Appliances were last tested in August 2016.

# Are services safe?

The practice had an effective system in place regarding the management and stock control of the materials used in clinical practice.

## **Radiography (X-rays)**

The practice had a radiation protection file that was up to date and demonstrated appropriate maintenance of X-ray equipment. Local rules were in place and had been signed and dated by all members of staff. In-house training regarding local rules had been given to all staff. The dentist was the radiation protection supervisor (RPS) and the

practice had an external radiation protection adviser (RPA). We also saw evidence that the dentists had completed An inventory of all equipment being used was present and maintenance records were up to date, with equipment last being serviced in August 2015.

Records of critical examination test and risk assessments were available. A recent X-ray audit had also been carried out. Documented learning points and resulting improvements were demonstrated.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

During the course of our inspection we checked a sample of dental care records to confirm the findings. We saw evidence of comprehensive assessments to establish individual patient needs. The assessment included completing a medical history, outlining medical conditions and allergies (which was reviewed at each visit), and intra-oral examination. The reason for visit was documented and a full clinical assessment was completed. However it was evident in the patients' records that X-rays that were taken were not always justified, graded and reported on in accordance with the IRMER guidelines. The principal dentist assured us this would be addressed immediately.

### Health promotion & prevention

The dentists we spoke to told us they provided patients with advice to improve and maintain good oral health, including advice and support relating to diet, alcohol and tobacco consumption.

The dentists were aware of and were using the Department of Health publication - 'Delivering Better Oral Health; a toolkit for prevention' which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

The dentists provided advice to patients about the prevention of decay and gum disease including advice on tooth brushing technique and oral hygiene products.

### Staffing

Clinical staff had current registration with their professional body - the General Dental Council. There was evidence that

the staff were up to date with their continuing professional development requirements, and working through their five year cycle. [The GDC require all dentists to carry out at least 250 hours of CPD every five years and dental nurses must carry out 150 hours every five years].

### Working with other services

The practice had processes in place for effective working with other services. All referrals were received and sent by fax/post using a standard proforma or letter. Information relating to the patient's personal details, reason for referral and medical history was contained in the referral. Copies of all referrals received and sent were kept in the patient's dental care records. We checked a sample of referrals received by practice and saw they were appropriately dealt with in the correct way.

### Consent to care and treatment

The practice had a consent policy for staff to refer to. The policy outlined how consent could be obtained and how it should be documented. The practice also had a folder with information relating to mental capacity, outlining how to assess if a person lacked capacity and what to do in such circumstances. Both staff could demonstrate an understanding of the requirements of the Mental Capacity Act (MCA) 2005, including the best interest principle and Gillick competence. [The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for them].

Dental care records we checked demonstrated that consent was obtained and recorded appropriately. Patients who provided feedback confirmed that their consent was obtained for treatment.

# Are services caring?

## Our findings

### **Respect, dignity, compassion & empathy**

We received feedback from 31 patients. Feedback was very positive. Patients told us that staff treated them with dignity, respect and empathy. We were given examples of how staff displayed these qualities including being attentive to their needs and ensuring privacy was maintained during treatment.

A data protection and confidentiality policy was in place of which staff were aware. This covered disclosure of and the secure handling of patient information. We observed the interaction between the nurse/receptionist and patients and found that confidentiality was being maintained. Dental care records were held securely.

### **Involvement in decisions about care and treatment**

The patient feedback we received confirmed that patients felt involved in their treatment planning. Patients commented that things were explained well and they were provided with treatment options. Information relating to costs was always given and explained. Treatment options were discussed, with the benefits and risks pointed out. Patients also told us that they were given time to think about their options including being given a copy of their treatment plan.

The dentist explained how they involved patients in decisions about their care and treatment. Discussions with patients and efforts to involve them were clearly documented in dental care records.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

The practice had an appropriate appointments system that responded to the needs of their patients. Emergency and non-routine appointments were available every day and fitted in as add-ons to scheduled appointments. If a patient had a dental emergency they were asked to come in and would be seen as soon as possible.

The services provided include preventative advice and treatment, routine and restorative dental care. We found the practice had an efficient appointment system in place to respond to patients' needs. The dentist told us the majority of patients who requested an urgent appointment would be seen on the day.

### Tackling inequity and promoting equality

The premises had disabled access toilet facilities and sufficient space to accommodate patients who used wheelchairs. There was step free access from street level into the surgery.

The practice had equality and diversity and disability policies to support staff in understanding and meeting the needs of patients. The dentist told us that longer appointment times were available for patients who required extra time or support, such as patients who were particularly nervous or anxious. Staff explained to us how they supported patients with additional needs such as young children. They ensured patients were supported by a parent and that there was sufficient time to explain fully the care and treatment they were providing in a way the patient and parent understood.

The practice manager told us that the local population was diverse with a mix of patients from various cultures and background. Staff at the practice spoke a range of different languages including; Turkish, Afrikaans and Hindi.

### Access to the service

Appointments were booked by calling the practice. In the event of a patient needing an appointment outside of the opening times, patients were directed to 111.

Patients who provided feedback were aware of how to access appointments both during opening hours and outside of opening hours. They were satisfied with the way information was made available to them.

### Concerns & complaints

The practice had a complaints policy which provided staff with clear guidance about how to handle a complaint. Patients were provided with information, which explained how they could make complaints and how these would be dealt with and responded to. Patients were also advised how they could escalate their concerns should they remain dissatisfied with the outcome of their complaint or if they felt their concerns were not dealt with fairly. This information was displayed in the practice waiting room.

We looked at the practice procedure for acknowledging, recording, investigating and responding to complaints, concerns and suggestions made by patients. We found there was an effective system in place which helped ensure a timely response. The practice had received four complaints in the last 12 months. These were dealt with in line with the practice protocol.

# Are services well-led?

## Our findings

### **Governance arrangements**

The practice had a range of policies and procedures for the smooth running of the service. There was a system in place for policies to be reviewed periodically. Staff we spoke with confirmed that they knew how to access policies and found them useful to enable them to work effectively. Staff were fully supported to meet their continuing professional development needs.

Various audits that had been completed over the past 12 months including audits on X-rays, record keeping and infection control. We reviewed the audits and saw that the aim of the audit was clearly outlined along with learning outcomes. Findings were summarised with actions identified.

Staff members had defined roles and were all involved in areas of clinical governance.

### **Leadership, openness and transparency**

The nurse we spoke with described a transparent culture which encouraged candour, openness and honesty. They told us they were comfortable about raising concerns with the dentist. They felt they were listened to and responded to when they did so. They told us they enjoyed their work and were well supported by the dentist.

The principal dentist gave us explanations of how they ensured they were open and transparent with patients. Their explanations were in line with the expectations under the Duty of Candour requirements.

### **Learning and improvement**

The practice had processes in place to ensure staff were supported to develop and continuously improve. Appraisals were carried out yearly for staff. This process included setting objectives and highlighting areas for development. We reviewed staff appraisals and saw they supported learning outcomes. Training such as infection control, fire safety, health and safety and life support was arranged centrally for all staff. Other training opportunities were available for staff and this was identified through the appraisal process and staff discussion, staff could also request if they desired any additional training.

### **Practice seeks and acts on feedback from its patients, the public and staff**

The practice gave patients the opportunity to complete the NHS Friends and Family Test, to allow patients to provide feedback on the services provided. We looked at the results from this survey which was completed; we saw that 100% of patients who participated were either extremely likely or likely to recommend the practice. Staff we spoke with confirmed their views were sought about practice developments through informal the staff meetings. They also said that the principal dentists were approachable and they could go to them if they had suggestions for improvement to the service.