

Dental Seminars Ltd

# Dental Seminars - Cavendish House

## Inspection report

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### Overall summary

We carried out this announced comprehensive on 23 February 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

# Summary of findings

- 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.
- 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.

## Background

Dental Seminars - Cavendish House provides private dental care and treatment for adults and children. The practice offers dental implant treatment as well as general dental services.

The practice has made reasonable adjustments to support patients with access requirements including ramp access and downstairs treatment rooms.

The dental team includes 5 dentists, 3 dental hygienists, 8 dental nurses, and 2 receptionists. The practice has 5 treatment rooms.

During the inspection we spoke with 2 dentists, 1 dental nurse, and 2 receptionists. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open on Mondays from 9am to 6.30pm; on Tuesdays from 8.30am to 5.30pm; on Wednesdays from 8.15am to 5.30pm; on Thursdays from 8.30am to 5.30pm, and on Fridays from 9am to 4pm.

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

- Implement an effective system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Implement an effective recruitment procedure to ensure that appropriate checks are completed prior to new staff commencing employment at the practice.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

# 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. Information about how to report concerns was available around the practice making it easily accessible.

The practice had infection control procedures which reflected published guidance had implemented additional procedures in response to Covid-19.

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.

The practice had a recruitment policy and procedure to help them employ suitable staff, which reflected the relevant legislation. However, files we reviewed showed that appropriate level disclosure and barring service checks and references had not always been obtained prior to the staff member being appointed.

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.

Staff had received appropriate fire training and fire safety equipment was checked and maintained. Staff undertook regular timed fire drills, evidence of which we viewed. The practice had completed a basic fire risk assessment for the premises, but it was not clear if the person who had completed it had enough knowledge and experience of fire safety and management.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. However, we noted that the sharps' risk assessment did not cover all types of sharps available in the practice and did not reflect how staff used sharps.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Medical emergency scenarios were discussed at staff meetings to ensure staff's knowledge and skills were kept up to date.

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.

# Are services safe?

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 storage and safe handling of medicines. However, antimicrobial prescribing audits were not carried out to ensure clinicians were prescribing according to national guidance.

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

There was no effective system for recording, investigating and reviewing incidents or significant events. Records of incidents and accidents that we reviewed lacked detail and there was no evidence of how learning from them was used to prevent their recurrence.

The practice had a system for receiving and acting on national 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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

We saw the provision of dental implants was in accordance with national guidance.

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

The practice provided preventive care and supported patients to ensure better oral health, and the practice sold a range of dental products.

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

Staff obtained patients' consent to care and treatment in line with legislation and guidance and we noted thorough consent processes in place for patients undergoing dental implants. Staff understood their responsibilities under the Mental Capacity Act 2005 and Gillick competence guidelines.

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.

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**

There was a well-established and stable staff group at the practice who had the skills, knowledge and experience to carry out their roles. All the dental hygienists worked with chairside support, and staff told us they did not feel rushed in their role.

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. The practice was a referral clinic for dental implants, and the principal dentist monitored all incoming referrals.

# Are services caring?

## Our findings

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

### **Kindness, respect and compassion**

Staff gave us practical examples of how they provided additional support for patients with disabilities, as well as how they supported nervous patients to undergo their treatment.

Staff had undertaken training in Autism & Learning Disability awareness so they could better understand and support patients with these conditions.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. They password protected patients' electronic care records and backed these up to secure storage. Dental care records in relation to patients having dental implants were stored in lockable filing cabinets behind reception.

### **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 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 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 had made reasonable adjustments for patients with access requirements. There was ramp access to the building, downstairs treatment rooms and an induction hearing loop for patients with hearing aids. The toilet door opened outwards and most information could be accessed on-line, making it easy to enlarge if needed.

Translation services were available for patients who did not speak or understand English.

### **Timely access to services**

At the time of our inspection, the practice was able to take on new private patients. The waiting for a routine appointment was about a week, although the waiting time for the dental hygienist was 1 to 2 months.

Patients received an email reminder of their forthcoming appointment 48 hours in advance of it, followed by a text message 24 hours in advance.

The practice did not hold specific daily slots for emergency appointments, but time would be blocked out each day if the dentists were getting busy so that patients in dental pain could be seen if needed.

The practice was on a rota system with other local practices to provide emergency out of hours cover for patients.

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

Information about how patients could raise their concerns was available in the waiting area. The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service, evidence of which we viewed in the meeting minutes. We reviewed the paperwork in relation to recent complaints and saw they had been responded to in a timely and empathetic way.



# 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 principal dentist had overall responsibility for the management and running of the practice but was supported by a practice manager.

The practice had effective processes to support and develop staff with additional roles and there was a senior nurse and senior receptionist with additional responsibilities.

### **Culture**

Staff stated they felt supported and valued and enjoyed their work at the practice. There were regular team meetings for all staff where they could raise their issues or concerns.

Staff discussed their training needs during annual appraisals as well as, general wellbeing and performance. However only the nursing and reception staff received an appraisal.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals. All staff had personal development plans in place which were reviewed every six months.

### **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 practice subscribed to an on-line governance tool to assist in the running of the service.

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

Staff gathered feedback from patients via an email link to an on-line survey. Patients were also invited to be involved in a patient focus group. Patients' requests for an on-line booking system and improved wi-fi access in reception had been implemented.

Feedback from staff was obtained through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements and their request for improved cycle parking and a video communication system at the door had been actioned.

The practice was also a member of a good practice certification scheme.

### **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, complaints and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.