Unique Dental & Facial Clinic

Unique Dental & Facial Clinic - PS Dental & Global Ent Limited

Inspection report

200 Finchely Road
London
NW3 6BX
Tel: 02074351513
www.uniquedentalclinic.com

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Overall summary

We carried out this announced comprehensive inspection on 15 March 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

• Is it safe?

• Is it effective?

• 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 to be 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.

Summary of findings

- Not all systems were effective in managing risks to patients and staff, for example, those relating to legionella and fire.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had systems in place to support good governance.

Background

There were three providers registered with the CQC at this address. This report is about Unique Dental & Facial Clinic- PS Dental & Global Ent Ltd.

This dental practice is in Finchley and comes under the Clinical Commissioning Group of Camden. They provide private dental care and treatment for adults and children. They also offer non-surgical minor facial aesthetics- a cosmetic surgery we do not regulate at the time of our inspection.

The premises is a shop fronted building with level access into the practice for people who use wheelchairs and those with pushchairs. There is limited car parking spacing available near the practice, however they were well served by local transportation including access to London Overground train services.

The dental team includes the principal dentist who was supported by a dental nurse who also undertakes reception duties. The practice has three treatment rooms- only one of which was rented by the provider.

During the inspection we spoke with the principal dentist and interviewed the dental nurse via telephone following the inspection. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Saturdays only; Outside of these hours, patient's requiring emergency care and treatment are seen by the dental practices who occupy the building Monday to Friday. Patients are advised to contact the principal dentist's mobile number outside of normal business hours.

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

- Improve the practice's governance arrangements for monitoring and mitigating the various risks arising from the undertaking of the regulated activities.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services well-led?	**No action** ✓

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.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

We found that the leaseholders who were responsible for implementing the scheme of precautions highlighted in the risk assessment of July 2019 had failed to do so sufficiently. This provider was able to demonstrate they had procedures to reduce the risk of Legionella or other bacteria developing in water systems, for example, they maintained records for cold and hot water temperatures.

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.

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.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw 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.

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

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

We saw that the provider had taken steps to assess and mitigate the risk of fire at the practice in line with a fire risk assessment which was carried out on 13 July 2021. For example, records we reviewed demonstrated the provider undertook regular fire drills. We noted that there were outstanding items to complete; however, this was the contractual responsibility of the leaseholders.

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.

Are services safe?

Staff had completed training in mouth cancer and we saw that 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 and processes were in place to ensure clinicians prescribed in line with guidance.

The practice audited the use of their antimicrobial prescribing at regular intervals and demonstrated good understanding of prescribing guidance.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating when things went wrong.

The practice had a system for receiving and acting on safety alerts; relevant alerts were actioned appropriately and cascaded amongst staff.

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.

Helping patients to live healthier lives

There was documented evidence that the practice provided preventive care and supported patients to ensure better oral health.

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 (MCA).

Staff described how they involved patients' relatives 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 in line with current guidance and legislation.

Effective staffing

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

The team was long-standing and had not recruited a new member of staff in ten years. Policies we reviewed detailed how newly appointed staff would be supported and included an induction programme. We saw that 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 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. They had a mission statement which was "to become the leading dental practice in North London, providing high quality treatment for the patients."

There was clinical leadership at the practice. The team demonstrated collective working on the day, and strong emphasis was placed on continuously striving to improve. The provider had a strategy which aligned with the business plans and future of the practice.

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 ensured high-quality sustainable services and demonstrated improvements over time.

The team was long-standing and stated they felt respected, supported and were proud to work in the practice. They told us communication was open and that they felt confident in raising concerns.

We saw that staff discussed their training needs during annual appraisals and other one to one 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 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 processes for managing risks, issues and performance, however, stronger governance was needed to ensure risks associated with the premises were actioned appropriately and in a timely manner.

There was a duty candour policy. We found that the practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

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 and a demonstrated commitment to acting on feedback.

Are services well-led?

The practice gathered feedback from staff through meetings, surveys, and informal discussions. We reviewed the results of the 2021 patient survey and saw that 100% of the respondents found the premises to be clean and tidy, 90% responded yes to receiving a treatment plan and 80% believed consent was sought appropriately. The practice told us they acted on feedback, however, we did not see any documented evidence of how they intended on improving the less favourable comments as highlighted in the survey, for example, only 60% of patients were aware of the in-house complaints procedure.

Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement.

These included audits of dental care records, data protection, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.