

Execudent Limited

Conduit Dental Centre

Inspection report

41 Lambs Conduit Street
Holborn
London
WC1N 3NG
Tel: 02074054030
www.execudent.co.uk

Date of inspection visit: 28 April 2023
Date of publication: 14/06/2023

Overall summary

We carried out this announced comprehensive on 28 April 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. Improvements were needed to ensure medicines and life-saving equipment were available in accordance with national guidance. Improvements were needed to the practice systems to manage risks for patients, staff, equipment, and the premises.
- 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. Improvements were needed so that information was obtained for agency and locum staff who work at the practice.
- Clinical staff provided patients' care and treatment in line with current guidelines. Improvements were needed to ensure that dentists obtained patients' consent to care and treatment in line with legislation and guidance.
- 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.
- 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.
- Improvements were needed to improve the effectiveness of leadership and governance at the practice.
- 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.

Background

Conduit Dental Centre is part of Execudent Limited, a group dental provider.

The practice is in the London Borough of Camden 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. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 1 dental nurse, and 1 trainee dental nurse. The clinical team are supported by the practice manager who covers reception duties. The practice has 3 treatment rooms.

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

The practice is open between 9am and 6pm on Mondays to Thursdays, and between 9am and 1.30pm on Fridays.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

Full details of the regulation the provider was/is not meeting are at the end of this report.

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 recruitment procedure to ensure that appropriate checks are completed prior to locum and agency staff commencing work at the practice.

Summary of findings

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

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?	No action ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	No action ✓
Are services well-led?	Requirements notice ✗

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.

Improvements were needed to the procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. Hot and cold water temperatures were monitored. However, we observed that hot water temperatures were not maintained at the appropriate temperature (50 – 55 degrees Celsius) to minimise the risk of Legionella growth in the water systems. Hot water temperatures between November 2022 and April 2023 were recorded between 36 and 49 degrees Celsius. The hot water temperature on the day of the inspection was 47 degrees Celsius.

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. These reflected the relevant legislation. Improvements were needed to the recruitment procedure to ensure that appropriate checks are completed prior to locum and agency staff commencing work at the practice.

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

Improvements were needed to the systems for ensuring the practice equipment and facilities were safe to use, maintained and serviced according to manufacturers' instructions. There were no records to evidence that gas safety and maintenance checks were carried out for the gas boiler. The required checks to ensure the ultrasonic bath was working effectively were not carried out. Protein residue tests, soil tests and calibration tests were not carried out in accordance with the manufacturer's instructions.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective; however, improvements were needed so that all the actions identified in the fire safety risk assessment were completed.

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), laser and handheld X-ray equipment.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. Improvements were needed to the arrangements for assessing and mitigating the risk of dental sharps related injuries. Safer sharps were available in the practice, however not all dentists used these. This was not reflected in the practice sharps safety risk assessment. Where the safer sharps systems were not in use, there were no devices available to assist in the safe dismantling of needles. The practice's sharps safety risk assessment included staff training in sharps safety as part of the measures to minimise risks. Records showed that staff had not completed this training.

Are services safe?

Improvements were required to the systems for dealing with medical emergencies. Some emergency equipment was not available in accordance with national guidance. Portable suction equipment, large clear oxygen mask for self-inflating bag, self-inflating bag with reservoir (child size), and needles to administer the medicine used to treat anaphylaxis were not available.

One of the medicines used to treat low blood glucose (Glucagon) was stored in a fridge and the temperature was monitored and recorded. However, the fridge temperature was not maintained at an appropriate temperature (between 2 and 8 degrees Celsius) to ensure the efficacy of this medicine in accordance with the manufacturer's storage instructions. We observed that the fridge temperatures were regularly recorded as 9 degrees Celsius. This had not been reported or acted on by staff. A replacement medicine was reordered shortly after our inspection.

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

Improvements were needed to the systems to minimise the risk that could be caused from substances that are hazardous to health. Risk assessments and important information around the handling and disposal of hazardous substances were not available for all items used at the practice.

Information to deliver safe care and treatment

Patient care records were, 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

Improvements were needed to the systems for appropriate and safe handling of medicines so that medicines were checked, disposed of when they passed their expiry dates, and that patient information labels on dispensed medicines included practice information.

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. 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.

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.

Consent to care and treatment

Improvements were needed to ensure that all dentists obtained patients' consent to care and treatment in line with legislation and guidance, and the practice consent policies. Patient records where implant treatments were carried out did not always include evidence that the intended benefits, potential risks, and consent to treatment had been discussed.

The staff team 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

Improvements were needed to ensure that dentists kept detailed patient care records in line with recognised guidance. Patient records including medical history updates and full periodontal assessments were not recorded consistently.

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.

The practice obtained and monitored patient feedback to help improve the service and patients' experience.

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 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, 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 to treatment rooms and a hearing induction 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.

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 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.

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to people's safety with emphasis on peoples' safety and continually striving to improve. However, some of the practice systems and processes were not fully understood or followed which impacted on the management of the service.

Systems and processes were in place; however, these were not embedded to ensure that they were followed, and the inspection highlighted a number of significant issues and omissions.

The information and evidence presented during the inspection process was clear and well documented.

Culture

The provider had systems and procedures to encourage improvements over time.

Staff stated they felt respected, supported, and valued.

Staff discussed their training needs during annual appraisals.

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

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. Improvements were needed so that policies in relation to medical emergencies, maintaining equipment and facilities, and consent were monitored, and that staff fully understood and followed these.

The processes for managing risks, issues and performance were not always effective. Risks around sharps safety and hazardous materials were not managed effectively.

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, 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

Are services well-led?

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. Staff kept records of the results of these audits and the resulting action plans and improvements.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the Regulation was not being met The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • The systems for dealing with medical emergencies and ensuring emergency medicines and equipment was in accordance with national guidance, was ineffective. • The systems to reduce the risk of Legionella or other bacteria developing in the practice water systems were ineffective. The systems to minimise the risk that could be caused from substances that are hazardous to health were ineffective. • The systems to ensure the practice equipment and facilities were safe to use, maintained and serviced according to manufacturers' instructions were ineffective. • The systems to ensure that dentists obtained patients' consent to care and treatment in line with legislation and guidance were ineffective. Regulation 17(1)