

Spectrum Associates (London) Ltd

Dental Specialists - St Albans

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 18 January 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 was 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. Improvements could be made to the storage of some emergency medicines.
- The practice had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.
- The practice had a staff recruitment policy and procedures which reflected current legislation. However, we found that the procedures had not always been followed, as not all staff records included evidence of vaccination for Hepatitis B.

Background

The provider has 3 practices, and this report is about Dental Specialists - St Albans.

Dental Specialists - St Albans is in St Albans and provides private dental care and treatment for adults and children. In addition, the practice has an NHS contract to provide orthodontics.

There are 3 steps leading into the practice and the practice does not have a portable ramp which means it is not accessible for people who use wheelchairs. Car parking spaces, including dedicated parking for disabled people, are available in a multi-story car park near the practice.

The dental team includes 4 dentists including specialist dentists in orthodontics, endodontics and periodontics, 1 dental nurse, 2 trainee dental nurses, 1 dental therapist/hygienist and a practice manager. The practice has 2 treatment rooms, although 1 treatment room is currently not in use.

During the inspection we spoke with a dentist, the dental nurse, both trainee dental nurses, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 6pm

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

- Implement audits for the prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry and ensure that audits of radiography and record keeping are carried out for all clinicians as recommended in guidance.
- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Improve the practice's recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff. In particular, that all clinical staff have been vaccinated against Hepatitis B.

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?	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. Information about safeguarding was available in the practice and staff had completed level 2 training in safeguarding children and vulnerable adults.

The practice had infection control procedures which reflected published guidance.

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 carried out monthly testing of the water temperatures and had already identified that the hot water was below the recommended temperature. We saw a water quality certificate dated 28 July 2022 which showed that no Legionella was detected in the water supply. The practice had arranged for work to be undertaken to replace the boiler in a few weeks' time.

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 which reflected the relevant legislation. We were told that some staff recruitment documents were held at one of the provider's other practices. During the day of the inspection, and immediately after, we were provided with evidence that recruitment checks were undertaken prior to 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 electrical installation condition report, not available on the day of the inspection, was completed immediately after on 21 January 2023. We were provided with a gas safety certificate for the boiler dated 19 April 2021 although the boiler was in the process of being replaced.

An in-house fire safety risk assessment was carried out which identified the combustible materials and equipment in the practice. The practice had a fire safety certificate dated February 2022 and fire detection and safety equipment and emergency lighting were in service and checked weekly. The practice completed fire evacuation drills although the time taken to evacuate was not timed. We were sent evidence after the inspection that an external company had been booked to complete a risk assessment on 26 January 2023.

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) X-ray equipment.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

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.

Are services safe?

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. However, we found the emergency medicine used to treat hypoglycaemia (low blood sugar) was not always stored in accordance with the manufacturer's instructions. This medicine was stored in a fridge and there was a daily record of fridge temperatures. However, these records showed the fridge temperature had exceeded the manufacturer's recommended temperature (2 to 8 degrees Celsius) on a number of occasions. The provider had not considered the impact on the effectiveness of the medicine. We discussed this with the provider who immediately ordered a new medicine.

The practice kept logs of all antimicrobial medicines which were dispensed and prescribed to patients. This did not include a reason for prescribing. Antimicrobial prescribing audits had not been carried out. Immediately after the inspection the practice sent us evidence to show that the dispensing log had been updated to include the justification for dispensing the medication and an antimicrobial audit which was completed subsequently.

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.

The orthodontists carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

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. Oral health care products were available for sale at the practice.

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 and the requirements of Gillick competency in relation to younger patients.

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. These were in paper and digital formats. The practice was in the process of transferring paper-based patient records onto an electronic patient record system. This meant that some information relating to the patient consultation was not available on the day of the inspection. This was subsequently provided to us.

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 some inconsistency in the patients' records in relation to radiographic justification, grading and reporting. We discussed this with the provider and immediately following the inspection the practice sent us evidence of a completed radiography audit for the dentists which would be used to support improvement.

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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 effective?

(for example, treatment is effective)

The practice was a referral clinic for dental implants, orthodontics and endodontics and we saw staff monitored and ensured the dentists were aware of 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 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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place. We noted that a camera was installed in the treatment room. We discussed this with the provider who told us that they had taken professional advice in the siting of the camera to ensure that no patient identifiable information was observed and there was no sound recorded.

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. We were shown an example of pictorial information used to explain to children what would happen during their orthodontic appointment.

The dentist 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 for patients with additional 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. Details of the practice's complaint procedure were on display for patients. 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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered. We discussed this on the day of inspection and were advised that the practice manager was in the process of applying for registration.

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 peoples' safety and continually striving to improve.

Systems and processes were embedded, 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

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, and infection prevention and control. There was scope to ensure that the clinical audits were completed for all clinicians and at the recommended frequency. Staff kept records of the results of these audits and the resulting action plans and improvements.