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# Grays Inn Road Dental Practice

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 19 March 2024 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.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had staff recruitment procedures which reflected current legislation.
- 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.

# Summary of findings

- 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.
- There was effective leadership and a culture of continuous improvement.
- 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.
- The practice had systems to manage risks for patients, staff, equipment and the premises. Improvements could be made to ensure all staff had adequate immunity for vaccine preventable infectious diseases.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were required to ensure all staff received safeguarding training at the appropriate level.
- The practice had infection control procedures which generally reflected published guidance. However, improvements were required in regards to the storage of all instruments.

## Background

Gray's Inn Road Dental Practice is in The London Borough of Camden and provides private dental care and treatment for adults and children.

The practice is on the first floor of a high street building, and not accessible to people who use wheelchairs and those with pushchairs. The practice has processes to communicate this to patients prior to their appointment. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 1 principal dentist, 1 associate dentist and a practice manager. Dental nurses are sourced through an agency. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Tuesday, Wednesday and Thursday from 9am to 6pm.

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

- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance.' In particular in regard to the storing of instruments.
- Take action to ensure that all the staff have received training, including in the safeguarding of children and vulnerable adults, to an appropriate level.
- Take action to ensure audits of antimicrobial prescribing are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

# 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. Improvements could be made to ensure all staff have received training, to an appropriate level, in the safeguarding of children and vulnerable adults.

The practice had infection control procedures which reflected published guidance. Improvements could be made to ensure all unwrapped instruments stored within the clinical area are reprocessed within 24 hours, according to guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices. The practice took immediate action following the inspection to ensure frequently used instruments were reprocessed daily and less frequently used instruments were wrapped and dated, in line with this 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 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, including for agency or locum staff. However, the practice did not have proof of identity or evidence of immunity to the hepatitis B virus for the associate dentist. In addition, the practice manager had not received vaccination against hepatitis B. This was required as they were involved in the decontamination of dental instruments. Following our inspection, proof of identity and evidence of the hepatitis status for the associate dentist had been requested and the practice manager had arranged to be immunised against hepatitis B. We were provided assurance that the practice manager would not be involved in the decontamination process of dental instruments until they had proof of immunity to hepatitis B.

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.

A fire safety risk assessment was carried out in line with the legal requirements, by the management agency of the building. The management of fire safety was effective.

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, 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 2-week wait arrangements.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out, as recommended by the College of General Dentistry.

## **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.

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

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. They 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**

The practice kept detailed patient care records in line with recognised guidance.

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 a continuous cycle of radiography audits. Improvements could be made to ensure that the audit had documented learning points and the resulting improvements could be demonstrated.

### **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.

Patients were given opportunities to give feedback to the practice. Most feedback was given verbally. All feedback we saw was complimentary of the service. One patient said, 'the dentist is friendly, efficient and makes the business of going to the dentist as enjoyable as it can possibly be.'

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

Staff 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 principal dentist explained the methods they used to help patients understand their treatment options. These included for example 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 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, and ensured all patients were aware that the practice was on the first floor before making an appointment. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. Patients could be seen at alternative dental practices when required.

### **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 provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. The principal dentist received telephone calls on their mobile telephone when not in the practice, and told us of occasions of when they had come into the practice on weekends and late at night to see patients who had dental pain.

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 had never received a complaint, but had processes in place to respond to concerns and complaints appropriately. Staff told us that they would discuss complaints and outcomes to share learning and improve the service if necessary.



# 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 practice staff demonstrated a transparent and open culture in relation to people's safety.

There was strong leadership with emphasis on people's safety and continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any significant 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**

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Clinical staff discussed their training needs during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. The principal dentist had supported the associate dentist to enrol on an implant training pathway.

The practice did not have arrangements to ensure staff training was up-to-date and reviewed at the required intervals. The associate dentist provided their training certificates immediately following our inspection.

### **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 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**

The practice had some systems and processes for learning, quality assurance, and continuous improvement. These included audits of disability access, radiographs, and infection prevention and control. Staff kept records of the results of these audits. Further improvements could be made, to ensure, where applicable, audits resulted in learning and improvements, and that audits for the prescribing of antibiotic medicines were undertaken at regular intervals.