

Dr. Saman Hamasaied

# Corbets Tey Dental Practice

## Inspection report

36a Corbets Tey Road  
Upminster  
RM14 2AD  
Tel: 01708227943

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### Overall summary

We undertook a follow up focused inspection of Corbets Tey Dental Practice on 28 October 2022. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We undertook a comprehensive inspection of Corbets Tey Dental Practice on 5 May 2022 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing well led care and was in breach of regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Corbets Tey dental practice on our website [www.cqc.org.uk](http://www.cqc.org.uk).

When one or more of the five questions are not met, we require the service to make improvements and send us an action plan. We then inspect again after a reasonable interval, focusing on the areas where improvement was required.

At the previous inspection of 5 May 2022, we only inspected three of the five key questions. This was to reduce time spent on site due to the COVID-19 pandemic. As part of this follow up inspection, we asked the following three questions which includes the two not previously inspected:

- Is it caring?
- Is it responsive?
- Is it well-led?

### Our findings were:

#### Are services caring?

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

# Summary of findings

## **Are services responsive?**

We found this practice was providing responsive care in accordance with the relevant regulations.

## **Are services well-led?**

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 5 May 2022.

## **Background**

Corbets Tey Dental Practice is in Upminster in the London Borough of Havering. They provide mainly NHS and some private dental care and treatment for adults and children.

The practice operates from a high street property which was converted to accommodate a dental practice. The practice is located on the first floor of the building via a flight of stairs which leads from the ground floor. This means there is no level access to the practice for people who use wheelchairs and those with pushchairs. The practice has good links to local transportation services including London Overground Rail. It does not have a car park; however, there is enough permit free and paid parking on surrounding streets.

The dental team includes the principal dentist, a dental nurse and a receptionist. The practice has 2 treatment rooms, a waiting area and a separate decontamination room.

During the inspection we spoke with the principal dentist and the dental nurse. 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. Outside of these hours, patients are directed to NHS 111 for emergency care and treatment.

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

- Take action to ensure the clinician takes into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

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

# 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 comments left by patients and who commented on the good standard of care received from staff. Patients said staff were compassionate and understanding.

Patients we spoke with on the day told us staff treated them with kindness and dignity.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality. We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

We also noted that the clinical team ensured that treatment room doors remained closed during consultations which meant that conversations could not be overheard.

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.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's website and information leaflet provided patients with information about the range of treatments available at the practice.

The clinical team described to us the methods they used to help patients understand treatment options discussed. These included photographs, study models, X-ray images and pictorial charts which were on display in treatment rooms.

# 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. It took account of patient needs and preferences.

There was evidence the practice reviewed the needs of its local population and engaged with the NHS contracting team.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice could not be accessed by service users in wheelchairs due to being situated on the first floor and there was no lift access. The practice told us they directed patients to neighbouring practices that were accessible for patients in wheelchairs. Staff had carried out a disability access audit and had formulated an action plan to continually improve the service.

### **Timely access to services**

The provider operated five days per week from 9am to 6pm. They acknowledged that they have been trying to improve access to NHS dentistry for patients through the recruitment of an associate dentist, however, this was an ongoing challenge. To combat this challenge, the provider told us they were now considering employing a dental therapist to undertake simple dental treatments.

At the time of the inspection, the practice had an appointment system to respond to patients' needs. For example, they were actively registering new NHS adults and children patients.

The most recent survey for the month of October indicated that patients were happy with the appointment system. All 6 respondents knew how to access emergency care and treatment in and out of hours.

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

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service. However, we noted from the patient survey that 5 of the 6 respondents were not aware of the practice's complaints policy.

# Are services well-led?

## Our findings

We found that this practice was providing well-led care and was complying with the relevant regulations.

At the previous inspection of 5 May 2022, we judged that there was a lack of leadership and oversight at the practice and as a result systems and processes were not effectively embedded among staff. The issues and omissions highlighted during that inspection pointed towards ineffective leadership and which affected the overall governance of the practice.

At this inspection, we observed a dental practice that was more organised, and staff that demonstrated improved understanding of the requirements of the regulations. Immediately after the inspection of May 2022, the provider temporarily employed another dental nurse for 3 months whilst the experienced staff member focused on ensuring the practice was up-to-date with administrative and management responsibilities. Improvements were evident during the inspection. The provider also assured us that the staff member with the assigned responsibility for managing compliance would have a dedicated day each week to maintain, review, update and make changes when necessary.

At the inspection on 28 October 2022 we found the practice had made the following improvements to comply with the regulation:

The provider had ensured suitable policies and procedures were now in place to govern day to day activities.

The provider had ensured the inspection of the building electrical installation and wiring and emergency lighting had been carried out in accordance with legislation. We noted that they took immediate action to address recommendations highlighted in the report.

The provider had ensured servicing of the emergency lighting and associated documents were available to the inspection team which confirmed staff were carrying out monthly checks on the equipment.

Although there had been considerable improvements to how dental care records written, further improvements were required to ensure all records included the necessary information as per guidance. We looked at 11 dental care records and saw that the clinician was not consistent in ensuring the recording of treatment options offered, risk assessments and ensuring all x-rays taken were graded and commented on appropriately.

We checked dental care records completed following the inspection in May 2022. These records demonstrated that the process for gaining and recording consent for care and treatment had improved and was now in line with legislation and guidance.

The provider now had risk assessments in place to control substances that are hazardous to health. We observed that these were now stored alongside the relevant safety data sheets.

We looked at staff files at this inspection and found recruitment checks had improved; recruitment records were available for all members of staff.

### **The provider had also made further improvements:**

The provider had implemented a daily checking system for medical emergency equipment and medicines

At the previous inspection of 5 May 2022, the provider told us that they routinely prescribed prophylactic antibiotics for those patients diagnosed with endocarditis. This was raised with the provider at the inspection on 28 October 2022 and they demonstrated improved knowledge reflective of National Institute for Health and Care Excellence (NICE) guidance.