

Soliton Limited

Soliton Limited t/a Senova Dental Studios

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 13 June 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 mostly reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- 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.
- 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.
- 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.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- The practice had some systems to manage risks for patients, staff, equipment and the premises. Improvements could be made in mitigating risks in relation to fire, and the use of the laser.
- Staff felt involved, supported and worked as a team. Improvements could be made to provide staff with formalised induction and appraisal processes.

Background

Soliton Limited t/a Senova Dental Studios is in Watford and provides 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. 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 the principal dentist, 3 dental nurses and 2 dental hygienist/therapists. In addition, they had a visiting orthodontic specialist, an implantologist, a dentist with special interests in endodontics and a sedationist. The practice has 9 treatment rooms although 1 is currently not in use.

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

The practice is open:

Monday from 9am to 7pm

Tuesday, Wednesday, Thursday, Friday from 8am to 5pm.

The practice had taken steps to improve environmental sustainability by using digital X-ray systems to reduce the amount of radiation released into the environment and digitalised patient care records to reduce paper usage as far as possible.

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

- Take action to ensure that persons employed in the provision of a regulated activity received such appropriate training, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. In particular, a structured induction at commencement of employment and an annual appraisal.

Summary of findings

- Improve the practice's protocols and procedures for the use of lasers taking into consideration Lasers, intense light source systems and LEDs: guidance for safe use in medical, surgical, dental and aesthetic practices (MHRA, September 2015).
- Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective. In particular, ensuring that regular in-house testing of fire detection and emergency lighting equipment is undertaken.

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. We saw that the principal dentist had completed training for safeguarding children and vulnerable adults to level 3. Other staff and visiting clinicians completed training at a level appropriate to their role. However, on the day of inspection we saw that 1 member of staff had not completed formalised training. We were provided evidence that safeguarding training to level 2 was completed immediately after the inspection.

The practice had infection control procedures which mostly reflected published guidance. They had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with national guidance set out in the Department of Health publication 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05). Infection prevention and control audits were completed twice a year and the most recent audit showed that the practice was meeting the essential requirements. Improvements could be made to identify clean and dirty zones in the decontamination room and to carry out a cleaning efficacy test for the ultrasonic bath. Immediately after the inspection we were told that the practice had improved the signage for the dirty and clean zones and had implemented the additional check for the ultrasonic bath.

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. There was scope to improve the availability of cleaning equipment in line with national cleaning standards. Immediately after the inspection we were sent evidence that additional colour coded cleaning equipment had been ordered.

The practice had a recruitment policy and procedure to help them employ suitable 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, 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. We saw evidence that fire detection and fire safety equipment were serviced annually. Staff completed training in fire safety awareness. However, we were not provided with evidence to show that the emergency lighting was serviced and that periodic in-house checks were completed for the smoke alarms or emergency lighting. We were told that fire evacuation drills were undertaken but that these were not recorded. Immediately after the inspection we were told that servicing of the emergency lighting had been arranged and that regular in-house testing of the fire detection and emergency lighting would be undertaken.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included handheld X-ray equipment. A laser was used at the practice. We saw that this was serviced annually, and that appropriate personal protective equipment was available for patients and staff. Improvement could be made to ensure that the practice had consulted a Laser Protection Advisor and that local rules and signage for the use of lasers were in place. Immediately after the inspection we were advised that a Laser Protection Advisor had been identified and that warning signs for the use of lasers had been obtained.

Are services safe?

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. Improvement was needed to identify and mitigate the risks of lone working for the hygienists and to ensure that all sharps' containers were dated. These shortfalls were rectified on the day.

Emergency equipment and medicines were available and checked in accordance with national guidance. The medicine used to manage low blood sugar (Glucagon) was stored in the fridge. However, the fridge temperature was not monitored to ensure that the medicine was stored at the temperature recommended by the manufacturer. In addition, we found that a blood spill kit was not available. Immediately after the inspection we were provided with evidence that a log had been implemented to record the fridge temperature on a daily basis and that a blood spill kit had been ordered.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training was also completed by the visiting sedationist and had been commenced by the principal dentist who provided treatment to patients under sedation. We were told that other staff at the practice would complete this training also.

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. The practice logged when medicines came into the practice and when they were dispensed to patients. Improvement was needed to ensure the practice included the practice contact details on the labels of medicines dispensed to patients. 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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

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 to patients.

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. Improvements could be made to ensure the radiography audits, which were currently being undertaken annually, were completed at six-monthly intervals, in line with current guidance.

Effective staffing

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

We were told that newly appointed staff had an informal induction and were provided with the practice policies and procedures which were discussed to ensure their understanding. Improvement was needed to ensure all newly recruited staff were provided with a structured induction. We discussed this with the provider who assured us that a structured induction checklist would be introduced in future for all new staff members.

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 dentist 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.

We saw reviews from patients which provided positive feedback about the care they received at the practice. 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 and information leaflet provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example, photographs, study models, a scanner, 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 and a disabled toilet facility 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, and outside the practice.

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, information leaflet 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 available in the waiting area and on the practice website. 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.

Leadership capacity and capability

The provider 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 in most parts, 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 informally using 1 to 1 meetings. They also discussed general wellbeing and aims for future professional development. Improvement was needed to provide staff with a regular appraisal to identify and discuss their training and development needs.

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 processes for managing risks, issues and performance. Although improvements could be made to the management and mitigation of risks associated with fire and the user of the laser.

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.

The practice held daily informal meetings to discuss the needs of the patients attending on the day. Feedback from staff was obtained through informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate. The provider assured us that going forward monthly minuted team meetings would be implemented.

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. Improvement could be made to the frequency of radiography audits in-line with guidance. Staff kept records of the results of these audits and the resulting action plans and improvements.