

Cime Dentistry Limited

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Inspection report

72 Harley Street
London
W1G 7HG
Tel: 02074367202

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Overall summary

We carried out this announced comprehensive inspection on 13 December 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.

Summary of findings

- 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's infection control procedures reflected published guidance. However, improvements were required in regards to the use of wire brushes.
- The practice had some systems to manage risks for patients, staff, equipment and the premises. Improvements were required in regards to risks associated with sharps.
- Staff knew how to deal with medical emergencies. Most appropriate medicines and life-saving equipment were available. However, there were some omissions including insufficient amount of adrenaline and some face masks
- Improvements were required in regards to the details contained in patients records

Background

Cime Dentistry Limited is in Westminster and provides private dental care and treatment for adults and children.

The practice is located on the basement floor and was not accessible for people who use wheelchairs. There are arrangements in place to refer patients to an accessible practice.

The dental team includes 1 dentist and a dental nurse. The practice has 1 treatment room.

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

The practice is open:

Tuesday 8.00am to 4.00pm

Wednesday 8.00am to 5.00pm

Thursday 8.00am to 4.00pm

Friday 8.00am to 2.00pm

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Take action to ensure clinicians record in the patients' dental care records or elsewhere the reason for taking X-rays, a report on the findings and the quality of the image in compliance with Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment .

Summary of findings

- Take action to ensure the availability of medicines in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular in regards to sharps, sepsis and legionella.

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 generally knew their responsibilities for safeguarding vulnerable adults and children. The practice had information about safeguarding, including information about the local safeguarding team. They did not have a practice safeguarding policy in place, they told us they would develop a policy.

The practice had infection control procedures which reflected published guidance. However, we noted that practice staff were using wire brushes to clean instruments which is not in accordance with guidance. We spoke to the provider about this, and they assured us they would stop doing this.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, these were generally in line with a risk assessment. However, some improvements were required in regards to ensuring that they record high water temperatures as well as low.

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. 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. The management of fire safety was effective.

The practice had some arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. However, improvements were required. The X-ray machine did not have a rectangular collimator and the local rules did not have details of the Radiation Protection Advisor (RPA). Staff told us they stayed in the treatment room when taking X-rays. The RPA had advised the practice to use a dosimeter. We were told that this had been ordered but not yet arrived. We saw evidence that three-year performance test had been carried out but were not assured by the practice that annual servicing had been undertaken. Following the inspection, the practice sent confirmation that the collimator had been ordered, local rules updated to include the RPA details and annual servicing had been arranged.

Risks to patients

The practice had implemented systems to assess, monitor and manage some risks to patient and staff safety including general practice risks and fire. Improvements were required in regards to the practice's risk assessments of sharps safety, legionella and sepsis awareness. The principal dentists told us improvements would be made.

Most emergency equipment and medicines were available and checked in accordance with national guidance. However, there were some omissions. The practice did not have sufficient adrenaline to repeat a dose for adults if required,

Are services safe?

Oropharyngeal airways sizes 0, 1, 2, 3, 4 were past their use-by date, medicine to treat blood sugar was not stored in the fridge and the expiry date had not been changed to reflect this, and there was no eye wash. The principal dentist told us they would rectify the deficiencies in the kit. Following the inspection the practice sent us confirmation that the missing medicine had been ordered and was being delivered to the practice.

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

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 generally complete, legible, kept securely and complied with General Data Protection Regulation requirements. Some improvements were required to ensure all information was recorded appropriately, including for example Basic Periodontal Examinations (BPE).

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, Antimicrobial prescribing audits were not carried out. The principal dentist told us they would start to carry out antimicrobial audits at the practice.

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 generally obtained patients' consent to care and treatment in line with legislation and guidance. Improvements were required in regards to recording the consent obtained and understanding of their responsibilities under the Mental Capacity Act 2005. The provider told us they would undertake refresher training.

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 generally kept patient care records in line with recognised guidance. Improvements were required to ensure basic periodontal examination (BPE), treatment options, risks and justifications for x-rays were more consistently recorded.

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. However there were some inconsistency in doing this, which the practice could improve on. 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.

On the day of inspection, we spoke with two patients. Patients we spoke with told us the practice was friendly, caring and professional.

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 leaflet 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 photographs, study models, videos 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.

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 provided information on their website about how to contact them.

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.

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.

Leadership capacity and capability

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

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

The dental nurse told us they felt respected, supported and valued. They were proud to work in the practice. They discussed their training needs with the principal dentist during informal meetings.

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

Governance and management

There were 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. They told us they would develop a safeguarding policy.

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

Feedback from staff was obtained through meetings and informal discussions.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement and if applicable; innovation. These included audits of patient care records, disability access, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. The principal told us they would introduce antimicrobial prescribing audits to the practice.