

Mr. Jasbinder Singh

# Fleet Street Dental Centre

## Inspection Report

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## Overall summary

We carried out this announced inspection on 12 September 2017 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

We told Healthwatch that we were inspecting the practice. They did not provide any information.

To get to the heart of patients' experiences of care and treatment, we always ask the following five 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:**

#### **Are services safe?**

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

#### **Are services effective?**

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

#### **Are services caring?**

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

#### **Are services responsive?**

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

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

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

### **Background**

Fleet Street Dental Centre is in the City of London and provides private treatment to patients of all ages.

The practice is located on the third floor of a medical centre. There is level access to the building and a lift for people who use wheelchairs and pushchairs. There are local train stations close to the practice as well as good bus services.

The dental team includes one dentist, one dental nurse and two dental hygienists (one currently on maternity leave). The practice has two treatment rooms.

# Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we collected feedback from 48 patients through CQC comment cards filled in by patients and speaking with patients. This information gave us a positive view of the practice.

During the inspection we spoke with the 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 Fridays from 8.30am to 6.00pm.

## **Our key findings were:**

- The practice was clean and well maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice had effective leadership. Staff felt involved and supported and worked well as a team.
- The practice asked staff and patients for feedback about the services they provided.
- The practice dealt with complaints positively and efficiently.

# 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?

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

The practice had systems and processes to provide safe care and treatment.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



### Are services effective?

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

The dentist assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional, skilled and good quality insert up to three adjectives used by patients. The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



### Are services caring?

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

We received feedback about the practice from 48 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly, caring and empathetic. They said that they were given good and helpful explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

No action



### Are services responsive to people's needs?

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

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

No action



# Summary of findings

Staff considered patients' different needs. The practice had access to telephone interpreter services and had arrangements to help patients with sight or hearing loss.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

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

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

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff.

**No action**



# Are services safe?

## Our findings

### Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. There had not been any incidents in the practice over the past 12 months. All the team had completed RIDDOR training.

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

### Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The principal dentist was the safeguarding lead and the dental nurse was confident in going to the lead for advice. The practice maintained a separate folder with safeguarding details for the local authority to report concerns.

We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

The practice followed relevant safety laws when using needles and other sharp dental items. The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal with events which could disrupt the normal running of the practice. This included details of an alternative dental surgery to see patients and back up of files.

### Medical emergencies

Staff knew what to do in a medical emergency and had completed training in emergency resuscitation and basic life support in August 2017.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

### Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at three staff recruitment records. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

### Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. We saw a recent health and safety risk assessment completed on 10 August 2017. It covered display screen equipment; electrical safety; manual handling and fire safety. Areas of improvement had been identified and actions planned for them.

A fire risk assessment had been carried out on the practice in June 2017. Fire drills are completed twice a year by the building management company who managed fire safety for the premises. The smoke and fire alarms were tested on a weekly basis.

The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

The dental nurse always worked with the dentist. We were told that the dental nurse worked with the dental hygienists as and when necessary.

### Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05:

# Are services safe?

Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. Records we saw evidenced that records had recently been started for the maintenance of equipment staff used for cleaning and sterilising instruments.

The practice had carried out an infection prevention and control audit in August 2017 and another audit was planned for February 2018. The latest audit showed the practice was meeting the required standards.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

The practice was clean when we inspected and patients confirmed this was usual.

## Equipment and medicines

We saw servicing documentation for the equipment used. This included certificates of servicing for the autoclave and ultrasonic cleaner. Other equipment servicing included the dental chair and vacuum pump.

Records we saw evidenced that staff had recently started carrying out checks in line with the manufacturers' recommendations.

## Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiography they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentist and hygienist recorded the necessary information.

### Health promotion & prevention

The practice promoted preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for all children based on an assessment of the risk of tooth decay for each child.

A hygienist worked in the service and provided further oral health treatment and advice.

The dentist told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental product samples and provided health promotion leaflets to help patients with their oral health.

### Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff had annual appraisals where they discussed training needs. We saw evidence of completed appraisals.

### Working with other services

The dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included specialist dental services and hospital referrals. Patients with suspected oral cancer were referred under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

### Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentist and dental nurse were aware of the need to consider this when treating young people under 16. They described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, respectful and caring. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Nervous patients commented that staff were patient and empathetic towards them and talked to them to calm their nerves.

Staff were aware of the importance of privacy and confidentiality. The layout of practice provided privacy when staff were treating and talking with patients. The reception area was a shared space so all patient consultations took place in the surgeries. The practice had two individual surgeries which had space for consultations.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Magazines and water were available in the waiting room(s).

### **Involvement in decisions about care and treatment**

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

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

The treatment room had a screen so the dentists could show patients photographs, videos and radiograph images when they discussed treatment options. Staff also used videos to explain treatment options to patients needing more complex treatment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. The practice was in the City of London and the dentist described the demographics of patients as having a high percentage of professionals. To adjust to the needs of patients the dentist told us that they were flexible in booking appointments at busy period such as before work hour; during lunch and after core work hours.

### Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell. The practice was located on the third floor of the building and there was lift access for people in wheelchairs or mobility problems.

Staff said they could provide information in different formats and languages to meet individual patients' needs. They had access to interpreter. The staff team was multi lingual with staff speaking languages including Russian, Punjabi, Lithuanian and French.

### Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on their website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointment slots free for same day appointments. If the emergency was out of hours patients had the dentist's mobile number which they could use to contact them. Alternatively they could email the practice for advice.

### Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The principal dentist told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments and compliments the practice received over the past 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

# Are services well-led?

## Our findings

### Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice and the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

Some of the records we saw demonstrated that certain audits, risk assessment and record keeping had been implemented recently. For example there was no previous evidence of infection control or record card audits other than those completed in the previous two months; no history of regular servicing of equipment; no history of patient satisfaction surveys.

We discussed this with the principal dentist and stressed the importance of having processes in place for regular assessment of the service and equipment. The principal dentist confirmed that going forward they would ensure systems were put in place to ensure the recently implemented quality assurance and risk assessment protocols were completed routinely.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

### Leadership, openness and transparency

Staff were aware of the Duty of Candour requirements to be open, honest and to offer an apology to patients if anything went wrong.

Staff told us they were encouraged to raise issues and concerns with the principal dentist and felt confident they could do this. They knew who to raise any issues with and told us the principal dentist was approachable, would listen to their concerns and act appropriately.

The practice held informal meetings regularly where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

### Learning and improvement

The practice had recently implemented quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. The whole staff team had annual appraisals. They discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys/comment cards and online feedback to obtain staff and patients' views about the service. We saw the results of the last survey carried out in July 2017. The results were generally very positive.