

Dr. Gaynor Potter

Leather Lane Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 23 January 2020 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 Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

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

Are services effective?

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

Are services caring?

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

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 not providing well-led care in accordance with the relevant regulations.

Background

Leather Lane Dental Practice is in Holborn in the London Borough of Camden and provides private dental care and treatment for adults and children.

The practice is located close to public transport links. The practice has three treatment rooms all located on the first floor.

The dental team includes six dentists, one dental nurse, one trainee dental nurse, two dental hygienists and one receptionist.

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.

Summary of findings

On the day of inspection, we collected feedback from 17 patients including patients we spoke with on the day,

During the inspection we spoke with two dentists, one dental nurse, one trainee dental nurse, one dental hygienist and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between :

9am and 5pm on Mondays

7.30am and 7.00pm on Tuesdays to Thursdays

8.30am and 4.30pm on Fridays

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available; however, improvements were needed to ensure medicines were stored and maintained in accordance with current guidelines.
- The provider had some systems to help them manage risk to patients and staff; however improvements were needed to consider all risks.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had infection control procedures which reflected published guidance.
- The practice had arrangements for the safe use of medicines and equipment. Improvements were needed to ensure out of date materials were disposed of appropriately.
- The provider had staff recruitment procedures which reflected current legislation, however improvements were needed to include checks for temporary members of staff.

- 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.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was ineffective leadership and a lack of general oversight for the day-to-day running of the service.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.
- The provider had some information governance arrangements, however this needed to be updated to reflect current General Data Protection Regulations requirements.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.






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

- Review the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases.

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?	Requirements notice	

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)

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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems in line with a risk assessment. Records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record.

The provider had a recruitment policy and procedure to help them employ suitable staff. We looked at nine staff recruitment records. These showed that checks including confirming identity and Disclosure and Barring Services (DBS) checks had been carried out.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

On the day of the inspection the principal dentist could not provide us records to show that the compressor and suction equipment had been serviced and maintained according to manufacturers' instructions. We were provided with documents to show that these service checks, which were carried out shortly after the inspection.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. The emergency lighting servicing certificate was not available on the day, however this has since been provided.

The practice had arrangements to ensure the safety of the X-ray equipment was serviced and maintained according The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking

Are services safe?

into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment. Improvements were needed to ensure that the annual electrical and mechanical tests were carried out.

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

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

Risks to patients

The provider had limited systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. A sharps risk assessment was not available on the day of inspection. Following our inspection, we were provided with sharps risk assessment dated from 2018.

Improvements were needed to the systems to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination is checked. The records available for the trainee dental nurse showed that they had received a vaccination against Hepatitis B in January 2019. There were no records to show that the effectiveness of the vaccine had been re-checked after this date. The provider told us that the trainee dental nurse was to complete a new vaccination course in January 2020.

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

Emergency equipment and medicines were available as described in recognised guidance. Improvements were needed to the systems for checking emergency medicines and equipment. The adhesive pads for use with the automated external defibrillator (AED) were past their use-by date. The medicines used to treat low blood sugar

levels was stored at room temperature. The expiry date had not been reviewed and adjusted in accordance with the manufacturer's instructions to ensure the medicines' efficacy.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment was not in place for when the dental hygienist or any the principal dentist worked alone.

The provider had limited risk assessments to minimise the risk that can be caused from substances that are hazardous to health and improvements were required to take into account all hazardous materials.

The practice occasionally used agency staff. We spoke with an agency nurse on the day of the inspection and she confirmed that she received an induction to ensure she was familiar with the practice's procedures.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

However, there was no follow up process in place to monitor the referrals to ensure that patients had been assessed or treated.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

Are services safe?

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried. The most recent audit, as discussed in a team meeting, indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

The provider did not have a system for receiving and acting on safety alerts. There were no arrangements to access, review and act upon safety information such as patient safety alerts. The principal dentist was unaware of any safety alerts issued within the previous 12 months.

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. We saw clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The principal dentist told that occasionally they carried out visits to patients in their homes to carry out routine assessments and denture fitting. Improvements could be made to ensure a risk assessment was undertaken to mitigate any possible risks when providing this type of care.

The practice offered dental implants. These were placed by one of the dentists at the practice and a visiting clinician, both of whom had undergone appropriate post-graduate training in the provision of dental implants. 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 in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentist and dental hygienists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment. Improvements should be made to ensure all patients' treatment plans are routinely signed to ensure their understanding. The principal dentist told us that treatment plans and consent forms were provided for complex treatments. They said that patients that on occasions complaints had been made where they had not fully understood their treatments as they had not read their treatment plans.

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 might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The practice had an audit schedule in place to ensure the auditing of dental care records was carried out. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Are services effective?

(for example, treatment is effective)

Effective staffing

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

Staff new to the practice including agency staff had a structured induction programme. We confirmed clinical staff completed the 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. There were ineffective arrangements to make and monitor referrals to ensure that patients received timely and appropriate treatment. There were no arrangements to monitor or follow up on referrals made to ensure that patients had been assessed or treated.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

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

Patients said staff were compassionate and understanding.

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

Information folders, patient survey results and thank you cards were available for patients to read.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), to improve security for patients and staff. Some signage was displayed however no other information was available to patients in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy and privacy impact assessment had also not been completed.

Staff were aware of the importance of privacy and confidentiality. The layout of waiting area on the first floor provided privacy. The waiting area on the ground floor was open plan in design and staff were mindful of this when dealing with people in person and over the telephone. If a

patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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. They were aware of the requirements of the Equality Act. We saw:

- Interpreter services were not routinely available for patients who did not speak or understand English. However, since the inspection the practice have ensured these services are available to patients when needed.
- Staff communicated with patients in a way they could understand.
- We were advised after the inspection that information could also be made available in easy read and large font formats if required.

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

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

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, and X-ray images. They were shown to the patient to help them better understand the diagnosis and treatment.

Are services responsive to people's needs?

(for example, to feedback?)

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.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

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

Two weeks before our inspection, CQC sent the practice 50 feedback comment cards, along with posters for the practice to display, encouraging patients to share their views of the service.

16 cards were completed, giving a patient response rate of 32%.

100% of views expressed by patients were positive.

Common themes within the positive feedback were friendliness of staff and easy access to dental appointments.

We shared this with the provider. The size and layout of the premises did not afford the provision of accessible toilet facilities.

Patients who require these facilities would be referred to local dental providers with accessible facilities.

Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

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

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection.

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.

Listening and learning from concerns and complaints

Staff told us the provider took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The principal dentist was responsible for dealing with these. Staff told us they would tell the principal about any formal or informal comments or concerns straight away so patients received a quick response.

The principal 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 principal had dealt with their concerns.

We looked at comments, compliments and complaints the practice received within the previous 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

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report).

We will be following up on our concerns to ensure they have been put right by the provider.

The practice wrote to us with evidence of work that had been implemented immediately following the inspection. This information has been considered and will be reviewed when we carry out the follow up visit.

Leadership capacity and capability

Staff told us the principal dentist worked closely with them and they were visible and approachable to make sure they prioritised compassionate and inclusive leadership.

Culture

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

Staff discussed their training needs at an annual appraisal. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Improvements were needed to some systems for managerial oversight of the practice.

We saw there were ineffective processes for managing some risks to the running of the service.; The principal dentist could not provide assurances that some items of equipment had been checked and tested periodically in accordance with the manufacturers' instructions.

Improvements were needed to the systems for ensuring that staff had effective immunisation against Hepatitis B. There were ineffective systems for monitoring and ensuring that emergency equipment and medicines were in date and ready for use and for checking and disposal of expired dental materials.

There was a lack of systems to consider and mitigate the risks to staff when working alone and when providing domiciliary care.

Appropriate and accurate information

Staff acted on appropriate and accurate information. The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. However updates were required to take into account current General Data Protection Regulations requirements.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys to obtain staff and patients' views about the service.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

Are services well-led?

The provider had current quality assurance processes to encourage learning and continuous improvement. These included current audits of radiographs and infection prevention and control. Staff kept 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, this was evident in the variety of topics discussed at the regular team meetings.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17</p> <p>Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">· There were ineffective systems to monitor the expiry dates of some dental materials.· There were ineffective checking systems to ensure that all medical emergency equipment and medicines were stored correctly and in date.· There were no systems to monitor patient referrals to ensure that patients were seen in a timely manner.· There were no systems for receiving patient safety alerts and relevant information so as to review and manage any risks arising from this information.

Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- Risks associated with the maintenance of equipment, domiciliary care, staff lone working, and hazardous substances

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- In relation to information governance, General Data Protection Regulations and the use of Closed Circuit TV.

Regulation 17 (1)