

## Camden Dental Centre

# Camden Dental Centre

## Inspection Report

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Date of inspection visit: 29 August 2018

Date of publication: 09/10/2018

### Overall summary

We carried out this announced inspection on 29 August 2018 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.

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**

Camden Dental Centre is in the London Borough of Camden. The practice provides NHS and private treatment to patients of all ages.

There is step free access to the practice provided via a portable ramp and the practice has five treatment rooms, three of which were located on the ground floor. The practice is situated close to public transport bus and train services.

The dental team includes the principal dentist and a dentist partner who jointly own the practice, five associate dentists who provide general dentistry and a

# Summary of findings

visiting specialist periodontist. Four dental nurses, one trainee dental nurse and two dental hygienists also work at the practice. The clinical team are supported by two receptionists.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at Camden Dental Centre was the principal dentist.

On the day of inspection we received feedback from 21 patients.

During the inspection we spoke with the principal dentist, two dental nurses and one receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays to Fridays between 9am and 5.30pm.

Sundays between 9am and 5.30pm for private appointments.

## **Our key findings were:**

- The practice appeared 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 thorough 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 practice was providing preventive care and supporting patients to ensure better oral health.
- 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.
- The practice had suitable information governance arrangements.

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

- Review the practice's protocols for medicines management and ensure all medicines are stored and dispensed safely and securely.
- Review the practice's storage of records relating to people employed and the management of regulated activities taking into account current guidance.
- Review the practice's protocols for making, monitoring and following up on referrals made to specialists in primary and secondary care to ensure that patients are seen in a timely manner.

# 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. There were systems to use learning from incidents and complaints to help them improve.

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 dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as safe, excellent and highly recommended. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when they received referrals. Improvements were needed when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles. Improvements were needed to the 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 21 people. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, courteous and friendly.

Patients said that their dentist listened to them and helped them to understand the treatment provided.

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.

No action



# Summary of findings

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Patients commented that they received treatment in a timely manner.

Staff considered patients' different needs and had made arrangements to support. This included providing access for disabled patients and families with children. The practice had arrangements to help patients whose first language was not English and those with sight or hearing loss should these be required.

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 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

### **Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays) )**

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of 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 practice safeguarding lead who had responsibility for overseeing the practice procedures.

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

Staff demonstrated an understanding and awareness of issues which may render some people more vulnerable such as people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of reprimand.

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 and emergency procedures which described how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a suitable staff recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at the recruitment records for six members of staff. These showed the practice followed their recruitment procedure. Appropriate checks including employment references and Disclosure and Barring Services (DBS) checks and evidence of each candidate's skills and experience were carried out for relevant staff.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. There were systems in place to monitor this.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including sterilising and X-Ray equipment, electrical and mechanical appliances.

The practice had a fire safety procedure, which was reviewed regularly and a fire safety risk assessment was carried out and kept under review. Records showed that fire detection and firefighting equipment such as fire extinguishers, emergency lighting and the fire alarm systems were regularly tested and serviced. There was a fire evacuation procedure in place and staff were aware of the fire safety and evacuation arrangements.

The practice had suitable arrangements to ensure the safety of the X-ray 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 radiographs they took. The practice carried out radiography audits every year following current guidance and legislation. The results of audits were analysed and action plans were developed and used to maintain and improve safety and quality in relation to dental radiography.

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

### **Risks to patients**

There were suitable systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The practice had arrangements to manage risks associated with dental sharps. A sharps risk assessment was in place and that staff followed relevant safety regulation when using needles and other sharp dental items.

# Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Staff knew how to respond to a medical emergency and completed training in emergency resuscitation and basic life support (BLS) every year. The practice had policies and procedures in place to assist staff to respond promptly and appropriately to medical emergencies and staff who we spoke with demonstrated that they understood and followed these procedures.

Emergency medicines and equipment were available as described in recognised guidance. There were arrangements in place to regularly check emergency medicines and equipment to make sure that they were available and that medicines were within their expiry date. Staff kept records of these checks.

A dental nurse worked with the dentists when they treated patients in line with GDC Standards for the Dental Team. A risk assessment was in place for when the dental hygienist worked without chairside support and there were clear arrangements in place for the dental hygienists to alert staff should they require assistance.

The provider had arrangements to minimise the risk that can be caused from substances that are hazardous to health. There was a risk assessment in place and detailed information to guide staff on how to act in the event of accidental exposure to hazardous substances.

The practice 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 (HTM01-05) published by the Department of Health. Staff were aware of and followed these procedures. Staff completed infection prevention and control training and received updates as required.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment used by staff for cleaning and sterilising instruments were tested daily, validated, maintained and used in line with the manufacturers' guidance.

The practice had in place systems and protocols to ensure that any dental laboratory work was disinfected prior to being sent to a dental laboratory and before the dental laboratory work was fitted in a patient's mouth.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment had been carried out and all the recommended improvements had been addressed. We saw records of water testing and dental unit water line management were in place.

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

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

The practice carried out infection prevention and control audits twice a year. The audits which we looked at from the previous 12 months showed the practice was meeting the required standards.

## **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 principal dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were detailed, accurate, complete, and legible. Dental and other records were kept securely. Information handling processes at the practice were in compliance with General Data Protection Regulations requirements (GDPR) (EU) 2016/679.

## **Safe and appropriate use of medicines**

There were checks carried out to ensure that medicines did not pass their expiry date and enough medicines were available if required.

Improvements were needed to the systems for checking and monitoring medicine stocks to minimise risks of misuse. There were large quantities of antibiotics and these were stored securely. However there were no stock checks carried to minimise misuse of these medicines.

# Are services safe?

The principal dentist was aware of current guidance with regards to prescribing medicines. Records were kept in relation to medicines prescribed and dispensed to patients.

## **Track record on safety**

The practice had a good safety record. There were systems in place for reporting and investigating accidents or other safety incidents.

There were comprehensive risk assessments in relation to safety issues. These were reviewed annually or more frequently if needed. The practice had systems in place to monitor and review incidents. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

In the previous 12 months there had been no safety incidents.

## **Lessons learned and improvements**

There were suitable systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.

There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that the dentists assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by dentists at the practice who had undergone appropriate post-graduate training in dental implantology. The provision of dental implants was in accordance with national guidance.

### Helping patients to live healthier lives

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

The practice demonstrated that they had a strong focus on patient education and a range of information was available to help patients understand the importance of maintaining oral health.

The principal dentist told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They also told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets and information to help patients with their oral health.

The principal dentist described to us the procedures they used to improve the outcome of periodontal treatment. This involved preventative advice, taking plaque and gum bleeding scores and detailed charts of the patient's gum condition.

Patients with more severe gum disease were recalled at more frequent intervals to review their compliance and to reinforce home care preventative advice.

Two dental hygienists worked at the practice and provided dental treatments and advice on preventing dental disease and promoting oral health.

### Consent to care and treatment

The practice 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 principal dentist told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients were provided with detailed information and explanations in relation to their proposed treatments. This included information in relation to the intended benefits, potential complications or risks and the cost of treatment.

Patients confirmed their dentist listened to them and gave them clear information about their treatment and time to consider any treatment options available.

The practice's consent policy included information about the Mental Capacity Act 2005. The dental team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The practice consent policy also referred to the Gillick competence by which a child under the age of 16 years of age can consent for themselves. The 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 dentists assessed patients' treatment needs in line with recognised guidance.

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

### Effective staffing

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

Staff new to the practice had a period of induction based on a structured programme to help familiarise themselves with the practice policies, procedures and protocols. Improvements were needed to the systems in place to monitor this as records in relation to continuous professional development and training were not available on the day of the inspection for a number of dentists.



# Are services effective?

(for example, treatment is effective)

The staff team included dentists with specialist interests and advanced skills in areas such as dental implantology and periodontics.

There were arrangements in place to discuss staffs' individual training and development needs. We saw evidence of completed appraisals for dental nurses and the receptionist and how the practice addressed the training requirements of staff.

## **Co-ordinating care and treatment**

The principal dentist confirmed they referred patients to a range of specialists within the practice, and in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes for referring patients with suspected oral cancer 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.

Improvements were needed to the arrangements for ensuring that referrals were made appropriately and safely. The principal dentist told us that they gave referral letters to patients to post or take to the referral dentist or hospital which meant they could not be assured that the referral was made.

# Are services caring?

## Our findings

### **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 made them feel cared for and comfortable. They said that staff always treated them with the respect and dignity.

Patients confirmed that staff were empathetic when they were anxious or in pain or discomfort.

Information leaflets were available in the waiting area for patients to read.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting area was open plan in design and staff were mindful of this when assisting patients in person and on the telephone. Staff told us that if a patient asked for more privacy they would take them into another room. 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 be involved in decisions about their care and were aware of the requirements under the Equality Act and the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language.
- Patients were also told about multi-lingual staff who might be able to support them.
- Staff communicated with patients in a way that they could understand, for example, British Sign Language interpretation services were available if required.

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 and costs of treatment with them. The principal dentist 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. New patients were provided with information about the dental team and the services provided.

A patient information folder, leaflets and posters provided additional information.

The principal dentist described to us the methods they used to help patients understand treatment options discussed. These included for example X-ray images, models and photographs which 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

### 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. Patients said that they were always able to access appointments that were convenient to them.

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

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

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. A Disability Access audit had been completed and an action plan formulated in order to continually improve access for patients.

The premises provided an accessible service with step free access via a portable ramp to the treatment rooms. The layout and design of the building did not afford the practice the means to provide accessible toilet facilities. The practice had arrangements with a local business nearby so that patients could use their facilities if needed.

### Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment. The practice displayed its opening hours in the practice, within the patient information folder and on the practice website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who

requested an urgent appointment were where possible seen on the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

The practice website 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

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

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

Information was available about organisations patients could contact if not satisfied with the way the practice 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, offering an apology and detailed explanations in relation to issues raised. The practice had arrangements so that complaints, outcomes and learning were discussed and shared with staff to improve the service.

# Are services well-led?

## Our findings

### Leadership capacity and capability

The practice had arrangements in place to help ensure that they had the capacity and skills to deliver high-quality, sustainable care. There were arrangements in place to review patient and service demands and plans to ensure that the practice had the capacity to meet these.

The dental team were supported by an external consultant who worked together to review and monitor various aspect of how the service was managed and delivered. The team demonstrated a commitment to deliver high quality and patient focused care.

The practice management, we were told by staff were supportive and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.

The practice had systems, policies and procedures in place which underpinned the management and the delivery of the service. These were reviewed and updated as required, accessible to staff and discussed periodically during practice meetings.

### Vision and strategy

The practice had a clear vision and set of values, which were based upon an ethos of one voice, one vision. The strategy focused on exceeding the expectations of patients and delivering the service with a passion for excellence and fairness. This was reflected in the way in which the practice reviewed and monitored the delivery of its service and how it responded to comments and complaints.

The practice had systems and business plans to achieve priorities and planned its services to meet the needs of the practice population.

### Culture

The practice had a culture of high-quality care, which focused on the needs of patients.

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

The practice had arrangements to support staff and to ensure that behaviour and performance were consistent with the practice's vision and values.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

### Governance and management

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist was responsible for the clinical leadership management within the practice. The practice encouraged the staff team to develop responsibility for the areas in relation to the day to day running of the practice. 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.

There were clear and effective processes for identifying and managing risks, issues and performance.

### Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. The practice was aware of and had systems in relation to the General Data Protection Regulation (GDPR) requirements. Patients were told how information about them would be used and were assured of the measures in place to protect this information.

### Engagement with patients, the public, staff and external partners

The practice involved patients and staff to support high-quality sustainable and patient focused services.

The practice used patient surveys, comments and feedback to obtain patients' views about the service. The results of the patient surveys showed that patient were satisfied with all aspects of the service including dental care and treatment, access to appointments and the practice facilities.

## Are services well-led?

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used.

The practice gathered feedback from staff through regular meetings 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 practice had quality assurance processes that for example undertaking regular audits of dental radiographs, patient dental care records and infection control procedures. They had clear records of the results of these audits and the resulting action plans and improvements.

There were arrangements to review staff and appraise staff performance and to support all members of staff to develop skills, knowledge and experience.

Staff told us they completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually.

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