

Herschel DIC Limited

# Herschel dental and implant centre

## Inspection Report

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### Overall summary

We carried out this announced inspection on 9 January 2019 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

Herschel Dental and Implant Centre is in Slough and provides private treatment to patients of all ages. The practice is situated in the Herschel Medical Centre

There is level access for people who use wheelchairs and those with pushchairs. Car parking is available on street outside the practice.

# Summary of findings

The dental team includes one dentist and a locum dental nurse who also covers reception duties. The practice has one treatment room.

The practice is owned by a company 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 Herschel Dental and Implant Centre is the principal dentist.

The provider leased space in a building owned by a health centre. The practice was closed on the day of our inspection.

Herschel Dental and Implant Centre currently treats mostly emergency appointment patients on Saturdays.

The practice had seen seven patients since May 2018. We were told the provider intended to start treating more patients but had yet to fully set up the systems and protocols expected of a whole-time practice. This report will reflect this.

During the inspection we spoke with the principal dentist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open on Saturdays between 9am and 12 noon.

## 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 in the GP practice.
- 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 availability of appointments met patients' needs.
- The practice had effective leadership and culture of continuous improvement.
- The practice had suitable information governance arrangements.
- Improvements were required to several areas of the practice. All of these have been addressed since our visit.

# 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. 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.

No action



### Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations. Staff were aware of the importance of confidentiality. The practice was closed on the day of our visit so we could not gather views of patients.

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.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children.

No action



### 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.

No action



# Summary of findings

The practice team kept complete patient dental care records which were stored securely. Recruitment procedures were operated to ensure only fit and proper persons were employed.

Improvements were required to governance arrangements, electrical safety, fire safety management and COSHH management. We have since received evidence to confirm these shortfalls have been addressed.

# 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 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 dealing with suspected abuse. We noted that this information did not contain contact details for local authority safeguarding departments. We have since received evidence to confirm this shortfall has been addressed.

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

There was a system to highlight vulnerable patients on records e.g. children with child protection plans, adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who require other support such as with mobility or communication.

The practice also had a system to identify adults that were in other vulnerable situations e.g. those who were known to have experienced modern-day slavery, involvement in terrorism or female genital mutilation.

The practice had a whistleblowing policy.

The dentist had rubber dams available in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had checks in

place for agency and locum staff. These reflected the relevant legislation. We looked at one staff recruitment records for a locum nurse. This showed the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Records showed that fire detection equipment, such as smoke alarms were regularly tested and firefighting equipment, such as fire extinguishers, were regularly serviced.

The practice could not satisfy themselves that that electrical and emergency fire escape lighting. was maintained by the building landlord. Servicing of the emergency lighting was carried out in July 2018. The report seen showed 11 lights were defective. Remedial works to address this remains outstanding. A five-year electrical wiring check was carried out in April 2015. The result of this was unsatisfactory. Remedial works to address this remains outstanding. We have since received evidence to confirm these shortfalls have been addressed.

The practice had suitable arrangements to ensure the safety of the X-ray equipment and had the required information in their radiation protection file. We noted the local rules did not reflect current regulations. We have since received evidence to confirm this shortfall has been addressed.

The practice had not taken any radiographs.

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

### **Risks to patients**

There were 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 staff followed relevant safety regulation when using needles and other sharp dental items. We noted a sharps risk assessment had not been undertaken. We have since received evidence to confirm this shortfall has been addressed.

# 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.

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

Emergency equipment and medicines were shared with medical centre staff and available as described in recognised guidance. The medical centre staff kept records of their checks to make sure these were available, within their expiry date, and in working order.

A dental nurse worked with the dentist when they treated patients in line with GDC Standards for the Dental Team.

The provider did not have a suitable risk assessment to minimise the risk that can be caused from substances that are hazardous to health. Products were not stored in a secure manner. We have since received evidence to confirm this shortfall has been addressed.

The practice used a locum nurse. We were told this person received a verbal induction to ensure that they were familiar with the practice's procedures. We spoke about the importance of recording this.

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 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 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 outsourced procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations had been actioned and 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 had not carried out an infection prevention and control audit. We have since received evidence to confirm this shortfall has been addressed. We wish the provider to note audits are required every six months.

## 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 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 accurate, complete, and legible and were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

## Track record on safety

The practice had a good safety record.

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

## Lessons learned and improvements

The staff were aware of the Serious Incident Framework and had protocols in place to respond to incidents.

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

### **Helping patients to live healthier lives**

The practice had only provided emergency out of hours care to patients. We were told once they were set up to operate fully they would set up systems to provide preventive care and support patients to ensure their better oral health in line with the Delivering Better Oral Health toolkit.

### **Consent to care and treatment**

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

The dentist 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.

The practice's consent policy included information about the Mental Capacity Act 2005. The dentist was unable to explain their understanding of the Gillick competence and agreed to immediately research this and add it to the consent policy. We have since received evidence to confirm this shortfall has been addressed.

### **Monitoring care and treatment**

The dentist 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.

It was too early to audit patients' dental care records to check that the dentist recorded the necessary information. We examined the records of the seven patients seen to date and these were in order.

### **Effective staffing**

The dentist and locum nurse had the skills, knowledge and experience to carry out their roles.

The practice had not recruited any staff to date.

We confirmed clinical staff (the dentist and locum nurse) 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 principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice had systems and processes to identify, manage, follow up and where required refer patients for specialist care when presenting with bacterial infections.

The practice also 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.

# Are services caring?

## Our findings

### **Kindness, respect and compassion**

The principal dentist was aware of their responsibility to respect people's diversity and human rights.

### **Privacy and dignity**

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The reception and waiting areas used by the practice were shared with the neighbouring health centre. The dentist told us confidential matters were not discussed with patients until they entered the treatment room.

### **Staff 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 the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given).

Interpretation services were not available for patients who did not have English as a first language. We have since received evidence to confirm this shortfall has been addressed.

The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options. They described to us the methods they used to help patients understand treatment options discussed. These included for example, videos, X-ray images and an intra-oral camera. An intra-oral camera enabled photographs to be taken of the tooth being examined or treated and 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.

The principal dentist was clear on the importance of emotional support needed by patients when delivering care. They told us that they currently had no patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. These included step free access and accessible toilet with hand rails and a call bell.

We noted a hearing loop or vision aid, such as a magnifying glass, was not available for patients who were hearing aid wearers or had restricted vision. We have since received evidence to confirm this shortfall has been addressed.

### **Timely access to services**

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

The practice displayed its opening hours on their website. 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 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 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 told us they took complaints and concerns seriously and would respond to them appropriately to improve the quality of care.

We were told there had been no complaints had been received since the practice opened in 2018.

# Are services well-led?

## Our findings

### **Leadership capacity and capability**

The principal dentist had the skills to deliver high-quality, sustainable care and had the experience, capacity and skills to deliver the practice strategy and address risks to it. They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.

### **Vision and strategy**

There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.

### **Culture**

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

We were unable to speak with the nurse as they were not working on the day of our visit and the practice was closed.

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

### **Governance and management**

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

The provider had responsibility for the management and clinical leadership of the practice. It was too early to evidence that there was not a robust program of clinical governance. We spoke to the provider about ensuring this was in place before the practice started to operate fully.

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.

It was evident that improvements were required to several areas of the business. We have since received evidence to confirm these shortfalls have been addressed.

### **Appropriate and accurate information**

The practice generally acted on appropriate and accurate information. Improvements were required to the policies to make sure they were practice specific. We have since been advised this shortfall is being addressed.

Quality and operational information was used to ensure and improve performance.

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

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

The practice had seen seven patients since opening which meant it was too early to gather formal feedback from patients. The provider had not employed permanent staff which meant feedback from staff through meetings, surveys, and informal discussions had yet to take place.

### **Continuous improvement and innovation**

There were systems and processes for learning, continuous improvement and innovation.

The practice had 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 dentist 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.