

Clarendon Dental Spa (Leeds) Limited

Clarendon Dental Spa

Inspection report

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Overall summary

We carried out this announced focused inspection on 20 April 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission, (CQC), inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinics appeared to be visibly clean and well-maintained.
- The infection control procedures reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available. Not all staff involved in conscious sedation had completed Immediate Life Support training.
- The provider had systems to help them manage risk to patients and staff.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Improvements should be made to increase the security of NHS prescriptions in the practice.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.

Summary of findings

- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.
- Complaints were dealt with positively and efficiently.
- The provider had information governance arrangements.

Background

Clarendon Dental Spa was situated in central Leeds. However, a fire at the practice during the summer of 2021 has rendered the dental practice unusable. As a result, services were moved to four other dental practices in the Leeds area where dental treatment rooms are currently being rented and services delivered by staff from Clarendon Dental Spa. The provider hopes to move all services back to one location later in 2022.

Services are currently being offered at:

Paediatrics and oral surgery including conscious sedation at Beeston Hill Health Centre, Leeds LS11 8LH.

General NHS and Private dentistry at The Langdale Dental Practice, Leeds LS6 3HA.

General NHS dentistry and Orthodontics at Genix Healthcare Dental Clinic, Garforth LS25 1AA.

Dental Hygiene at City Smile Dental, Leeds LS1 2DR.

During the inspection we visited all the sites. The dental teams included two dentists, one orthodontist, one dental hygiene therapist, eight dental nurses including one trainee, one decontamination nurse, a locum dental nurse and the practice manager.

During the inspection we spoke with two dentists, one dental hygiene therapist, seven dental nurses and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

Opening times for the different dental practices varied, as did the days on which services were offered.

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

- Take action to ensure staff involved in sedation have received Immediate Life Support (ILS) training to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	No action	✓

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The infection control procedures reflected published guidance. There were additional procedures in relation to COVID-19 in accordance with published guidance.

There were procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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

We saw the practices was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

The practices ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practices ensured the facilities were maintained in accordance with regulations.

The practices had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

The practices had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness.

Emergency equipment and medicines were available and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. We noted that staff involved in conscious sedation were not all trained in Immediate Life Support, as identified in national guidance. We were informed that this would be addressed for all identified staff in the sedation processes.

The practices had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

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.

Safe and appropriate use of medicines

Are services safe?

The provider had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out in line with national guidance. Improvements could be made to the system for monitoring and tracking NHS prescriptions to increase their security.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. The provider had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The provider had systems to keep dental professionals up to date with current evidence-based practice.

The provider offered conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The provider had systems to help them do this safely. These were in accordance with guidelines published by the Royal College of Surgeons and Royal College of Anaesthetists in 2015. The provider's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

The provider offered an orthodontics service. The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

The provider offered dental implants. These were placed by one of the dentists who 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 service provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

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 service kept detailed dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Effective staffing

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

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the service did not provide.

Are services well-led?

Our findings

We found this service was providing well-led care in accordance with the relevant Regulations.

Leadership capacity and capability

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

There was strong leadership and emphasis on continually striving to improve.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

We saw the provider had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The provider could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

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

Governance and management

Staff had clear responsibilities roles and systems of accountability to support good governance and management.

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.

We saw there were clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

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.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Are services well-led?

Staff kept records of the results of these audits and the resulting action plans and improvements.