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Old Street Dental Clinic

Inspection Report

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Overall summary

We carried out this unannounced inspection on 1 and 2 June 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection in response to specific concerns about the practice, and 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 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 not providing well-led care in accordance with the relevant regulations.

Background

Old Street Dental Practice is in Old Street, in the London Borough of Islington. It provides NHS and private treatment to patients of all ages.

The practice is situated on the first floor of a purpose-built building, and there is no level access for people who use wheelchairs or those with pushchairs. There are limited paid car parking spaces in the surrounding streets.

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

The dental team includes three general dentists, an implantologist, a receptionist, two dental hygienists, and three dental nurses.

During the inspection we spoke with all of the dentists and dental nurses, and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open from 8am to 6pm Monday to Friday.

Our key findings were:

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- The appointment system met patients' needs.
- The practice asked patients for feedback about the services they provided.
- The practice had infection control procedures, though these did not always reflect published guidance.
- The practice had suitable safeguarding processes, though improvements were need to ensure all staff were had a good understanding of their responsibilities.
- Staff knew how to deal with emergencies. Appropriate medicines were available, though some life-saving equipment was absent.
- The practice was clean and well maintained in most areas, though some improvements were needed.
- The practice had not established thorough staff recruitment procedures.
- Staff felt involved and supported, and worked well as a team, though governance and leadership at the practice required improvements.
- The practice was not able to demonstrate that all staff had received key training.
- The practice had not maintained several records pertaining to the running of the service and staff employed.

Shortly after the inspection the provider took steps to begin to address several of the issues identified.

We identified regulations the provider was not meeting. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- Ensure specified information is available regarding each person employed

Full details of the regulations the provider was not meeting are at the end of this report.

Furthermore, there are areas where the provider could make improvements. They should:

- Review staff members' understanding of their roles and responsibilities, particularly in relation to significant events and reporting safeguarding concerns to external organisations.
- Review the current staffing arrangements to ensure all dental care professionals are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.
- Review the protocols and procedures for use of X-ray equipment, taking into account Guidance Notes for Dental Practitioners on the Safe Use of X-ray Equipment.
- Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

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

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. They told us they had used learning from incidents and complaints to help them improve, though improvements could be made to ensure these incidents and events were suitably documented.

We were able to verify that some staff had received training in safeguarding; however, evidence of this training for several staff members was not available at the time of inspection. The majority of staff we spoke with knew how to recognise the signs of abuse and how to report concerns, though improvements were required to ensure all staff had a good understanding of safeguarding and its requirements.

There was no evidence to show that the practice had completed essential recruitment checks for all new staff.

Premises and equipment were clean and properly maintained in most areas. We saw that dental instruments were sterilised and stored in line with national guidance, but we observed that staff did not follow this guidance when cleaning the instruments.

The practice had arrangements for dealing with medical and other emergencies, though some emergency medical equipment was not in place.

After the inspection the provider took steps to begin to address the issues identified.

Are services effective?

No action

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 caring, professional and reassuring. The dentists 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.

We verified that some staff had completed key training, but evidence of key training was not available for several staff.

After the inspection the provider took steps to begin to address the issues identified.

Summary of findings

Are services caring?

No action

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

Feedback from the practice's monthly NHS Friends and Family Test (FFT) showed that all of the patients surveyed would recommend the practice to their friends or family members.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality.

Are services responsive to people's needs?

No action

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 families with children. The practice had access to interpreter services, though there were no arrangements to help patients with sight or hearing loss.

The practice told us they took patients' views seriously, and that they valued compliments from patients. They had not received any formal complaints in the previous 12 months.

Are services well-led?

Requirements notice 

We found that 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 Requirements Notice section at the end of this report.

The practice had arrangements to ensure the smooth running of the service, though improvements were needed in some areas. These arrangements included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a management structure and staff felt supported and appreciated, though we found that some of the practice's governance processes needed improvements.

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

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

The practice did not have systems in place to help them monitor training.

After the inspection the provider took steps to begin to address the issues identified.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had a policy to report, investigate, respond and learn from accidents, incidents and significant events. Some staff we spoke with understood their role in the process of reporting significant events but others did not. Shortly after the inspection, the provider informed us they would address this by arranging staff training.

The principal dentist described a significant event that had occurred in the last 12 months; they told us it had been discussed as a team to reduce risk and support future learning, though improvements could be made to suitably record the actions taken as a result.

The practice did not have a system in place for receiving and disseminating national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). After the inspection, the provider told us they had implemented a system for receiving safety alerts and sharing them with relevant staff.

Reliable safety systems and processes (including safeguarding)

The majority of staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. Although the practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse, some staff we spoke with did not demonstrate an understanding of safeguarding.

We saw evidence that some staff had received safeguarding training, but evidence of this was not in place for several staff members.

The majority of staff we spoke with knew about the signs and symptoms of abuse and neglect; however, some dentists were not clear on how or who to report safeguarding concerns to externally.

There was a safeguarding flow chart in one of the treatment rooms, though not all staff we spoke with were aware of it.

Shortly after the inspection, the provider arranged for staff to complete safeguarding training. They told us they would arrange a staff meeting to discuss the process of reporting safeguarding concerns.

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

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The practice followed relevant safety laws when using needles and other sharp dental items, though they had not completed a sharps risk assessment.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice was in the process of completing a business continuity plan describing how they would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency. We reviewed personnel records and found that some staff had completed training in emergency resuscitation and basic life support every year, but evidence of this was not in place for several staff members. Shortly after the inspection, we were informed that staff had completed basic life support training.

Some emergency equipment and medicines were available, but the oxygen mask did not have an oxygen port and some recommended equipment as described in recognised guidance, such as portable suction, child spacers, scissors and a razor was not available. After the inspection, the provider sent us evidence that they had ordered the necessary equipment.

Staff kept records of the checks of the equipment to make sure they were available, within their expiry date, and in working order.

Glucagon was available and stored in a refrigerator as per recommended practice. Improvements could be made to ensure the fridge temperature was checked and logged to

ensure the medicine was stored within the recommended temperature range. After the inspection, the provider informed us they had created an audit log to ensure the temperature was properly maintained.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This policy reflected the relevant legislation. We looked at eight staff personnel records and found the practice was not following their recruitment procedure.

We reviewed personnel records and found there was no recruitment record for a specialist dentist who worked at the practice occasionally.

There was no record of qualifications for several clinical staff, or evidence of registration with the General Dental Council (GDC).

There was no record of employment history, identification, references, Disclosure and Barring Service checks or induction forms for several staff members.

There was evidence of professional indemnity cover for the majority of clinical staff, but this was absent for two staff members.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were in place to help them manage risk but they had not been regularly reviewed. For example, the health and safety risk assessment was last conducted in 2009 and the fire risk assessment was last reviewed in 2012. These policies and assessments covered general workplace and specific dental topics.

After the inspection, the provider told us they had updated the health and safety risk assessment.

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

A dental nurse worked with the dentists when they treated patients. Staff told us the dental nurses did not usually provide any assistance for the dental hygienists unless they were carrying out periodontal pocket charting, if they were available.

The provider did not have immunisation records for several staff to show that they had been appropriately immunised against common communicable diseases.

The provider told us they did not check smoke alarms to ensure they remained in good working order.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe.

Staff did not always follow guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health when cleaning dental instruments. Instruments were sterilised and stored appropriately, but we observed that there were insufficient protective aprons available for staff to use when scrubbing instruments, dental instruments were not fully submerged during manual cleaning, they were not rinsed after being cleaned, and the illuminated magnifier was not used to ensure all residue had been removed.

Staff told us they did not use a sealable instrument box to transport sterilised instruments. Shortly after the inspection the principal dentist told us they had ordered boxes to prevent this from happening again.

The practice carried out an infection prevention and control audit yearly, which was not in line with national guidance of six-monthly intervals. The latest audit contained information that was inconsistent with what was happening in the practice. For example the last audit undertaken in April 2017 had not identified the lack of use of an instrument box to transport clean instruments, or the lack of use of the illuminated magnifier in checking the effectiveness of dental instrument scrubbing. The audit identified several risks but there was no action plan in place to implement the necessary improvements.

Only one mop and bucket was used to clean both clinical and non-clinical areas. Shortly after the inspection the provider told us they had purchased additional colour-coded mops and buckets.

We saw evidence that some staff had completed infection prevention and control training, but we were not able to verify this for all staff as several training records were absent. Shortly after the inspection, we were informed that staff had completed infection control training.

Are services safe?

Records showed the majority of equipment staff used for sterilising instruments was maintained and used in line with the manufacturers' guidance, though the ultrasonic bath not been serviced. The provider told us they conducted weekly protein residue tests to ensure the bath was in good working order, but there were no records to evidence this.

Staff told us, and we observed, that one of two autoclaves used to sterilise instruments was not working and the second autoclave was leaking. Although we were provided with servicing records for this autoclave, staff informed us it was not always in good working order. This had been documented in minutes from a dental nurse's meeting in May 2017.

Very shortly after the inspection the provider ensured a new autoclave was in place.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, though they had not conducted a Legionella risk assessment.

We saw cleaning schedules for the premises. The practice was clean in most areas when we inspected, though a keyboard was visibly not clean.

There were immunisation records for some staff, though this information was absent for all but three members of staff. One of these staff members required further testing to ascertain their immunity to Hepatitis B.

Equipment and medicines

We saw servicing documentation for the equipment used, with the exception of the ultrasonic bath. Staff carried out checks in line with the manufacturers' recommendations.

The practice had suitable systems for prescribing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice's arrangements did not always meet current radiation regulations. The radiation protection folder had been kept at the principal dentist's home. We were subsequently able to review the folder and noted it did not contain all the required information, such as an inventory of all current X-ray equipment or a critical assessment certificate for the third X-ray machine.

After the inspection the provider told us they had booked an appointment to complete a safety check for the third machine, and that they would cease using it until the check was complete.

We reviewed personnel records and found there was no evidence to demonstrate that several clinical staff had completed continuous professional development in respect of dental radiography.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year in line with current guidance and legislation.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The 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.

Health promotion & prevention

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

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

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

The principal dentist told us that staff new to the practice had a period of induction based on a structured induction programme; documented evidence of this was not available for some staff. We could not confirm that clinical staff had completed the continuous professional development (CPD) required for their registration with the General Dental Council, as several CPD records were absent.

The majority of staff at the practice had commenced employment there within the last year, therefore yearly appraisals had not been conducted; however, appraisals were due for some staff that had been working at the practice for longer than a year.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. This included referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by the National Institute for health and Care Excellence (NICE) in 2005 to help make sure patients were seen quickly by a specialist. The practice monitored urgent referrals to make sure they were dealt with promptly.

Consent to care and treatment

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

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

Patients commented positively, in the practice's monthly NHS friends and family test, that staff were patient, reassuring and friendly. We saw that staff treated patients in a polite manner. They were courteous towards patients at the reception desk and over the telephone.

Patients could choose whether they saw a male or female dentist.

Staff were aware of the importance of privacy and confidentiality. 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 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.

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

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. A dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The practice's website provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease.

Each treatment room had a screen so the dentists could show patients photographs and X-ray images when they discussed treatment options. Staff also used visual aids to explain treatment options to patients needing more complex treatment.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients that responded to the practice's monthly NHS Friends and Family Test (FFT) described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment could be seen the same day. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

At the time of inspection, staff told us that they had no patients for whom they needed to make adjustments to enable them to receive treatment.

Promoting equality

As the practice was located on the first floor of a purpose-built building the provider was restricted in making adjustments to the premises for patients with mobility problems. There was no hearing loop for patients with hearing difficulties. The provider had not conducted a disability discrimination audit to assess compliance with the requirements of the Equality Act 2010.

Staff had access to interpreter services which included British Sign Language.

Access to the service

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

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

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free for same day appointments. The 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.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The principal dentist was responsible for dealing with these. 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.

The principal dentist told us the practice had not received any written complaints in the last year. They had carried out an analysis of verbal complaints received, including an action plan for improvement.

The principal dentist said they aimed to settle complaints in-house. Information was available about how patients could complain, and organisations patients could contact if they were not satisfied with the way the practice dealt with their concerns.

Are services well-led?

Our findings

Governance arrangements

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

The practice had fire and health and safety risk assessments to support the management of the service and to protect patients and staff. These had not been reviewed for several years but the provider told us they reviewed the health and safety risks shortly after the inspection. The risk of Legionella infection had not been assessed.

There were policies and procedures in place, though several were outdated and needed to be reviewed. Some contained information which was not consistent with what was happening in the practice. The provider told us they were in the process of updating their policies.

The provider had arrangements to monitor the quality, though several areas of the service that needed improvement had not been identified.

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

The provider had not established an effective system for maintaining staff records, and some other records pertaining to the running of the service, for example proof of indemnity insurance, recruitment checks, evidence of registration with the appropriate bodies, photographic identification, continuous professional development records, and induction and immunisation records, were not available.

Leadership, openness and transparency

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

Staff told us there was an open, no blame culture at the practice. They said the principal dentist encouraged them to raise any issues and felt confident they could do this.

They knew who to raise any issues with and told us although the principal dentist was approachable and listened to their concerns, they had not always taken appropriate action.

The practice's dental nursing team discussed concerns and updates at weekly dental nurse meetings. General team meetings were held infrequently; meeting minutes we reviewed showed that two meetings had been held at an eight monthly interval in the last 12 months. The provider told us they held more frequent impromptu meetings that were not documented.

We noted that the practice worked as a team and dealt with issues professionally.

Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, X-rays 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 told us they were committed to learning and improvement and valued the contributions made to the team by individual members of staff, though appraisals were due for some longer-standing staff.

The practice discussed learning needs, general well-being and aims for future professional development at team meetings.

Staff told us they completed key training which including basic life support but they could not recall when the training had been completed, and evidence of training was missing. The provider told us staff completed basic life support, safeguarding and infection control training shortly after the inspection.

The provider had completed fire safety training in 2009, but they told us this training had not been completed by other existing staff.

Several other staff training records were absent.

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

Are services well-led?

Patients were encouraged to give the practice feedback by completing the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. Out of 11 patients surveyed in May 2017, all of them would recommend the practice to family and friends.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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. **How the regulation was not being met** The service provider 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: • A Legionella risk assessment had not been conducted. • The fire risk assessment had not been reviewed for several years. • The infection control audit had not been conducted in line with recognised national guidance. • Not all equipment had been serviced in line with the manufacturer's guidance. • Staff were not following recognised national guidance when disinfecting dental instruments. • Risks from the lack of suitable recruitment processes had not been identified and mitigated. **Regulation 17 (1)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	Requirements in relation to staffing **How the regulation was not being met** The service provider had failed to ensure that persons employed in the provision of a regulated activities received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: • Training, continuous professional development, qualification and induction records were not available for several staff. • Fire safety training had not been completed by several members of staff. • Infection prevention and control training and associated staff supervision were ineffective as staff were not following national guidance while cleaning used dental instruments. **Regulation 18 (2)**
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Fit and proper persons employed **How the regulation was not being met** The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

This section is primarily information for the provider

Requirement notices

- Recruitment checks such as evidence of employment history, registration with the appropriate bodies, photographic identification, professional qualification, Disclosure and Barring Service checks and immunisation records were not in place.

Regulation 19(3)