

Dr. Philip Stemmer

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Inspection Report

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Overall summary

We carried out this unannounced inspection on 22 November 2017 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 not providing well-led care in accordance with the relevant regulations.

Background

Dr Philip Stemmer is located in Westminster and provides private treatment to patients of all ages.

There is access for people who use wheelchairs and those with pushchairs via a movable ramp.

The dental team includes two dentists, two dental nurses and a practice manager.

The practice is owned by an individual who is the principal dentist. 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.

On the day of inspection we spoke with two patients. This information gave us a positive view of the practice.

Summary of findings

During the inspection we spoke with both dentists, both dental nurses and the practice manager. We also spoke with a consultant that the principal had employed. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Thursday 9.00am – 5.00pm and Fridays 9.00am – 3.00pm

Our key findings were:

- The practice was clean and well maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had some systems in place to help them manage risk but improvements were required to this system
- The practice had some systems in place for safeguarding adults and children but improvements were required in regards to the practice safeguarding policy and safeguarding training for staff.
- The practice had carried some checks when recruiting staff. No records were available for a recently recruited staff member.
- The clinical staff provided patients care and treatment that was based on the patients' needs.
- Staff treated patients with dignity and respect.
- The appointment system met patients' needs.
- The practice lacked effective systems and processes to ensure good governance.
- The practice did not have effective leadership. Some staff felt involved and supported to work at the practice, others told us they did not.
- The practice told us they asked patients for feedback about the services they provided but were not able to confirm how this information was used to improve the service.
- The practice had some systems in place to deal with complaints, though improvements were required with regards to staff understanding of the local protocols.

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

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

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

- Review the practice's arrangements for receiving and responding to patient safety alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies such as, Public Health England (PHE).
- Review the practice's system for recording, investigating and reviewing incidents or significant events with a view to preventing further occurrences and ensuring that improvements are made as a result.
- Review practice's safeguarding policy and staff training and ensure the policy refers to both adult and children.
- Review staff awareness of the requirements of the Mental Capacity Act (MCA) 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.
- Review current policies and procedures for obtaining patient consent to care and treatment and ensure they reflect current legislation and guidance, and that staff follow them at all times.
- Review its complaint handling procedures and establish an accessible system for identifying, receiving, recording, handling and responding to complaints by service users.
- Review the training, learning and development needs of individual staff members at appropriate intervals and ensure an effective process is established for the on-going assessment, supervision and appraisal of all staff
- Review the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

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.

Staff knew how to recognise the signs of abuse and how to report concerns. However there were gaps in the safeguarding training records.

Premises and equipment were clean. The practice followed national guidance for cleaning, sterilising and storing dental instruments.

The practice had arrangements for dealing with medical and other emergencies.

Staff were qualified for their roles and the practice completed essential recruitment checks. However there were some gaps in regards to the maintenance of the records of recruitment checks.

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 good, excellent and effective.

The dentists discussed treatment with patients so they could give informed consent.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles but improvements could be made in regards to the monitoring of training undertaken.

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 two patients. Patients were positive about all aspects of the service the practice provided. They told us staff were caring, kind and friendly. They said that they were given helpful, honest explanations about dental treatment, and said their dentist listened to them.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

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. The practice had access to telephone interpreter services.

The practice had a system in place to obtain patients views, however improvements were required in regards to the complaints policy

No action



Are services well-led?

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 Requirement Notices section at the end of this report).

The practice did not have appropriate arrangements to ensure the smooth running of the service. For example there was lack of an appropriate system to assess, review and improve the quality and safety of the care and treatment provided. There was lack of a clearly defined management structure and not all staff felt supported by the provider.

We noted that not all patient dental care records were suitably maintained.

The practice did not appropriately monitor clinical and non-clinical areas of their work to help them improve and learn.

Requirements notice



Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents. However, there was a lack of understanding of what would be considered a significant event. For example, one of the dentists we spoke with was unclear as to what incidents or events would need to be recorded.

The practice did not receive national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). The provider told us they would sign up to start receiving the alerts.

Reliable safety systems and processes (including safeguarding)

The provider told us they had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns.

However, the safeguarding policy was not available for us to review on the day of the inspection; it was sent to us following the inspection though it lacked clarity as to who the safeguarding lead was.

We saw evidence that some staff received safeguarding training but there were gaps in the training records, including of the principal dentist. The provider told us that they had received safeguarding training but the records were not kept at the practice. A document evidencing the training was sent to us after the inspection; it was dated 27th November 2017 which was after the inspection date.

A Legionella risk assessment had been undertaken by the building's landlord in 2016.

However, there was a lack of other risk assessments such as for fire and health and safety.

Following the inspection, the provider sent us a fire risk assessment that had been carried out in November 2012 and reviewed in November 2017, and a health and safety risk assessment that had been undertaken in November 2017. The health and safety risk assessment lacked clarity as regards the current control measures.

Medical emergencies

Staff knew what to do in a medical emergency and some staff had completed annual training in emergency resuscitation and basic life support. However, the provider was unable to provide evidence of training undertaken by other staff.

Emergency equipment and medicines were available as described in recognised guidance. Staff kept records of their checks to make sure these were available, were within their expiry date, and in working order.

Staff recruitment

The practice did not have a staff recruitment policy available for us to see on the day of the inspection. We spoke with the provider about this and they told us that the policy was not kept at the practice.

We looked at three staff recruitment records. These showed the practice had completed essential checks, including checks that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

However, there were no records kept for the most recent member of staff who had been employed by the provider. The principal dentist told us they had undertaken recruitment checks for the member of staff but did not have records for these checks.

Monitoring health & safety and responding to risks

The provider told us the practice had health and safety policies and risk assessments to help manage potential risk. However, these were not available for us to review on the day of the inspection.

The dentist told us that they usually worked with a dental nurse; however, they also stated that there were occasions where they would carry out treatment without a dental nurse.

We received assurances from the provider that they would ensure dentists always work with a nurse in the future.

Infection control

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

Are services safe?

The provider told us the practice had an infection prevention and control policy and procedures to keep patients safe. However, on the day of the inspection the policy was not available at the practice.

They told us that staff had completed infection prevention and control training, but were unable to provide evidence of this.

The practice had carried out an infection control audit in the last year.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was clean when we inspected and patients confirmed this was usual.

Equipment and medicines

The practice could not provide us with servicing documentation for the equipment used. The provider told us these were in place; following the inspection we were sent evidence of the maintenance of some of the equipment used in the practice

Radiography (X-rays)

The practice was unable to show us a radiation protection file on the day of the inspection. There were no details maintained of justifications, grading and reporting on the radiographs they took. The practice carried out radiography audits every year. However, these only covered radiographs taken by one dentist. We discussed this with the principal dentist and they said that they would ensure audits covered all dentists in the future.

Some clinical staff completed continuous professional development in respect of dental radiography. However, some staff were unable to confirm they had undertaken this training. The provider told us that these records were not kept at the practice; following the inspection this information was provided to us.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The dentists assessed patients for treatment needs in line with recognised guidance. Improvements were required to ensure dental care records contained information about the patients' current dental needs, past treatment and medical histories.

Health promotion & prevention

The dentists told us that where applicable 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

Staff new to the practice had a period of induction based on an induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

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 NICE in 2005 to help make sure patients were seen quickly by a specialist.

Consent to care and treatment

The practice team understood the importance of obtaining patients' consent to treatment. Patients confirmed their dentist listened to them and gave them clear information about their treatment. However the practice did not have a consent policy.

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 that staff were caring and friendly. We saw that staff treated patients appropriately and were friendly towards patients.

Staff were aware of the importance of privacy and confidentiality. However, improvements could be made. The facilities manager of the building which the practice was based in was responsible for taking appointments for the practice. This involved answering phones and booking appointments for patients, as well as handing out medical history forms. We spoke with the provider about this and they told us that these responsibilities were only temporary and the nurse that they had recently employed would take responsibilities for these tasks with immediate effect.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

Music was played in the treatment rooms.

Involvement in decisions about care and treatment

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 for treatment with them.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients 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 were seen 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.

Promoting equality

The practice had made reasonable adjustments for patients with disabilities. These included step free access, via a temporary ramp.

Staff said they could provide information in different formats and languages to meet individual patients' needs if a patient spoke a language not spoken at the practice. They had access to telephone translation services.

Access to the service

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. The answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The principal dentist was responsible for dealing with complaints. Some staff told us they would tell the principal dentist about any formal or informal complaints. However others were not clear who they would direct complaints to.

On the day of the inspection the provider was unable to provide us with a copy of the practice's complaints procedure or a log of complaints received. They told us this had been removed from the practice and was in the process of being updated.

Following the inspection they sent us a copy of the policy. The policy stated that complaints were initially dealt with by the complaints manager but none of the staff we spoke with on the day of the practice had overall responsibility for complaints at the practice and the policy was not clear who this complaints manager was.

Are services well-led?

Our findings

Governance arrangements

The principal dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service.

The practice did not have good governance systems in place. There was no system in place to ensure that policies, procedures and risk assessments to support the management of the service were available to all staff who worked at the practice.

There was lack of an effective system to monitor the quality of the service and make improvements that covered the whole practice and was shared with all staff.

Leadership, openness and transparency

Some staff told us there was an open, no blame culture at the practice. Others however told us they would not feel confident raising concerns with the provider.

Learning and improvement

The practice had some quality assurance processes to encourage learning and continuous improvement. These included audits of radiographs. They had records of the results of these audits and the resulting action plans and improvements. These however only covered the radiographs undertaken by the associate dentist.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

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

The practice obtained patients' views about the service through the practice website. We saw that patients were positive about the care and treatment they had received

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 Regulation 17 HSCA (RA) Regulations 2014 Good Governance Systems and 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 registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:: • There was no system in place to effectively monitor the quality of the service including a lack of comprehensive radiography audits, There were limited systems or processes that enabled 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: • There was an inadequate system in place to monitor the risks associated with operating the practice. For example in regards to the practice process for assessing, reviewing and mitigating health and safety risks and risks arising from recruitment of staff. There were no systems or processes that enabled the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

Requirement notices

- Dental care records did not contain suitable information about the patients' current dental needs, past treatment and medical histories

There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.

In particular:

There was lack of governance and management oversight as regards managing the practice as an effective unit.

Regulation 17(1)