

Tavistock Dental

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Inspection report

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Overall summary

We carried out this announced inspection on 14 July 2021 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 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 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 are three of the five questions that form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services well-led?

Summary of findings

We found this practice was providing well-led care in accordance with the relevant regulations.

Background

Tavistock Dental is located in Kings Cross: London borough of Camden and provides private dental treatment to adults and children. The practice is easily accessible by international rail services, Transport for London underground and bus services and is within easy access to local amenities. Paid parking spaces are available near the practice including for blue badge holders.

The practice is owned by a partnership and as a condition of registration must have a person registered with the CQC 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 Tavistock Dental is one of the principal dentists. The provider is registered to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures from four locations.

There are three treatment rooms - one of which is wheelchair accessible, reception/waiting area, separate decontamination room and x-ray area, staff area and a toilet.

The dental team is made up of the two principal dentists, a specialist in dental implants, a periodontist, an endodontist, an oral surgeon, two dental hygienists, three dental nurses-one of whom is a trainee and a reception staff. They are supported by a full-time practice manager.

The practice is open between 7.30am and 8.00pm Monday to Thursday and 7.30am to 5.00pm on Friday. During out of hours, patients are advised to contact the dedicated telephone number to access emergency care.

During the inspection we spoke with the principal dentists, the practice manager and a dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider offered a variety of specialist treatment to patients.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice appeared to be visibly clean and well-maintained.
- Staff felt involved and supported and worked as a team.
- Clinicians participated in quality initiatives including audits which were used to improve services.
- There was a clear leadership structure and staff felt supported by management.

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

Summary of findings

- Take action to ensure the clinicians take into account the guidelines issued by the Department of Health publication 'Delivering better oral health: an evidence-based toolkit for prevention' when promoting the maintenance of good oral health.
- Develop systems to ensure an effective process is established for training, learning and development needs of individual staff members at appropriate intervals.
- Take action to ensure that conscious sedation for dental procedures is undertaken taking into account guidelines published by The Intercollegiate Advisory Committee on Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2015'.

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 practice was providing safe care in accordance with the relevant regulations.

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

Staff 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and minors who were not brought for their appointments and notes of this was recorded within dental care records. The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider 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, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. Appropriate personal protective equipment (PPE) was in use and staff had been fit tested. The provider had systems in place to ensure appropriate fallow (period of time designed to allow droplets to settle and be removed from the air following treatments involving the use of aerosol generating procedures).

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionnaire's disease or other bacteria developing in the water systems, in line with a recent professional risk assessment which regarded the practice as "low" risk. All recommendations in the assessment of July 2021 had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected, we saw the practice was visibly clean, tidy and well organised.

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

The infection control lead carried out infection prevention and control audits twice a year. The most recent audit dated 16 June 2021 showed the practice was meeting the required standards in all areas. Furthermore, we saw the completion of other audits relating to PPE and hand hygiene.

Are services safe?

The practice had a whistleblowing policy and staff we spoke with during the inspection knew how to access and told us they felt confident in raising concerns without fear of recrimination. The policy also detailed how to report suspected wrongdoings to external organisations including the CQC.

From the dental care records, we reviewed, we found that the clinicians used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at five staff recruitment records including the two members of staff recruited in the last year. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. On the day of the inspection, the provider was unable to provide evidence that the building's fixed wiring structure had been maintained in accordance with The Electricity at Work Regulations. This was resolved following the inspection.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

The practice had a cone beam computed tomography X-ray machine. Staff had received training in the use of it and appropriate safeguards were in place for patients and staff.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

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

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

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

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment under sedation was also completed by the sedationist-operator and the appropriate second staff.

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

A dental nurse worked with the dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

Are services safe?

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

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 dental care records with clinicians to confirm our findings and observed that individual records were written and managed in a way that kept patients safe. 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. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

The dentists were aware of current guidance with regards to prescribing medicines and we found that the clinicians kept accurate records of their assessment of the patient's condition before prescribing.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the last 12 months there had been one safety incident which was investigated, documented and discussed with the rest of the dental practice team to minimise recurrence.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required. Copies of all relevant alerts were printed and stored for future reference.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

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

The practice offered conscious sedation for patients. This included patients who were very anxious about dental treatment and those who needed complex or lengthy treatment. The practice 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 practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions. We saw evidence that pulse and oxygen levels were monitored pre-operative, intra-operative and post-operatively, however the provider only recorded intra-operative and post-operative readings for blood pressure. As a minimum, pre-operative, intra-operative and post-operative recordings should be taken and documented throughout the sedation event until point of discharge. We raised this with the operator-sedationist who told us most patients presenting for sedation were generally anxious which meant that the pre-operative blood pressure readings tended to be higher than normal.

The staff assessed patients for sedation. The dental care records we checked showed that patients having sedation had important checks carried out first including body mass index and American Society of Anaesthesiologists (ASA) physical classification system score (ASA score). These included a medical history and an assessment of health using the guidance.

The records showed that staff recorded important checks at regular intervals. This included pulse, blood pressure (intra-operative and post-operative only), breathing rates and the oxygen content of the blood. The operator-sedationist was supported by a trained second individual. The name of this individual was recorded in the patients' dental care record.

The practice offered dental implants. These were placed by one of the principal 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 practice provided preventive care to ensure better oral health in line with the Delivering Better Oral Health toolkit. The clinicians where applicable, recorded smoking status, alcohol consumption and diet with patients during appointments; however from the records reviewed it was not demonstrable that the clinicians consistently gave smoking/alcohol cessation advice and mouth cancer risk status was not always flagged/recorded for smokers.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The providers described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Are services effective?

(for example, treatment is effective)

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

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

The practice team understood the importance of obtaining and recording patients' consent to treatment. The clinicians gave examples of when they needed to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy included information about the Mental Capacity Act 2005. The team hadn't received training in mental capacity; however, they understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

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

Staff new to the practice including staff had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff received training that included: safeguarding, fire safety awareness, infection control and basic life support, however we found there gaps for some members of staff, for example, not all clinical staff had completed training in mental capacity and consent.

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 practice did not provide. The provider had no fail-safe system in place to ensure patients referred were seen, followed up and appropriate outcome recorded; a system was put in place following the inspection.

The practice was a referral clinic for dental implants, minor oral surgery, procedures under sedation and we saw that the practice manager monitored and ensured the dentists were aware of all incoming referrals daily. Referrals were meticulously monitored through a paper and electronic referral and tracking system to ensure they were actioned and responded to promptly.

Are services well-led?

Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

There was a hierarchical organisational structure. We found the partners and the practice manager had the capacity, values and skills to deliver high-quality sustainable care. Whilst the partners were knowledgeable about clinical issues and relating to the quality service, the practice manager led on non-clinical areas. They worked as a team to remedy the challenges and were either addressing them or had plans to.

The partners told us they were visible although they worked peripatetic across four locations. This was echoed by the staff we spoke with on the day who also told us they were approachable. Staff told us they worked closely with them to make sure they delivered compassionate and inclusive leadership. Although this was a small dental practice, we saw the provider had processes to develop leadership capacity and skills as evidenced in the development of the practice manager who have worked at the practice for nearly 10 years.

Culture

The practice had a culture of high-quality sustainable care in that they offered a diverse range of holistic care and treatment.

Staff stated they felt respected, supported and valued. They enjoyed working at the practice. Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. The policy detailed the importance of openness, honesty and transparency when something goes wrong. Staff told us they could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

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

The partners- one of whom was the registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. We saw there were clear and effective processes for managing most risks, issues and performance.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

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, however we noted staff had not completed training in information governance.

Engagement with patients, the public, staff and external partners

Are services well-led?

Staff involved patients, the public, staff and external partners to support the service.

The provider used internal and external feedback to monitor the quality of the service.

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.