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Katz & Madhok Orthodontics

Inspection report

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Date of inspection visit: 13 June 2022
Date of publication: 07/07/2022

Overall summary

We carried out this announced focused inspection on 13 June 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 clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and supported and worked as a team.

Summary of findings

- Staff and patients were asked for feedback about the services provided.
- The dental clinic had information governance arrangements.
- The practice had some systems in place to help them manage risk to patients and staff. However, improvements were needed to ensure that fire risk assessments were carried out and reviewed regularly and there was ongoing and effective fire safety management. Furthermore, improvements were needed to ensure safety checks of the premises were completed in a timely manner.

Background

Katz and Madhok Orthodontics is in Edgeware, in the London Borough of Barnet and provides NHS and private dental care and treatment for adults and children.

Car parking spaces are available near the practice and it is also located to public transport services.

The practice has made reasonable adjustments to support patients with additional needs, including adapted toilet facilities on the ground floor.

The dental team includes two orthodontist specialists, three dental nurses, and one receptionist. The clinical team is supported by a practice manager. The practice has four treatment rooms.

During the inspection we spoke with one orthodontist specialist, one dental nurse, the receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday, Wednesday and Thursday from 8.30am to 5.30pm.

Tuesday from 8.30am to 7pm.

Friday 8.30am to 1pm.

We identified regulations the provider was not complying with. They must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

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

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?	**Requirements notice** ✗

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)

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

The practice had infection some control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. However, improvements were needed to ensure that infection prevention and control audits were carried out bi-annually in line with the relevant national guidance.

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

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

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

The practice 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.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. However, improvements were needed to ensure the facilities were maintained in accordance with regulations. The 5-year fixed wiring electrical installation reportcarried out on 7 June 2022 was available for review on the day of inspection. The checks found the electrical arrangements at the premises were unsatisfactory and a number of recommendations, including improvements to the condition of isolator and to the deteriorated enclosure and correct identification of circuit details had been made. These had not yet been acted upon. The provider told us that they had arranged an electrician to carry out the recommended work on 15 June 2022. There was no evidence that any fixed wiring electrical tests had been carried out prior to 7 June 2022.

The practice had undertaken a new electrical installation condition report on 17 June 2022 that was now satisfactory.

Fire extinguishers were available and were serviced regularly. Fire drills had been carried out regularly and staff had undergone fire safety training. There were records to demonstrate that the fire detectors and the emergency lighting system were tested regularly.

A fire risk assessment carried out on 8 June 2022 was available for review on the day of inspection. A number of recommendations, including installation of an electrical fire alarm system, replacement of damaged fire doors and improvements to the accessibility of emergency exits had been made. These had not yet been acted upon.

On the day of inspection, we found the rear fire exit obstructed by a stool and locked with a key. The provider told us that in line with their fire action plan policy, this fire exit was otherwise always unlocked in the morning of surgery days. The provider had an action plan in place to implement the recommendations included in the fire risk assessment carried out on 8 June 2022.

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

Are services safe?

Risks to patients

The practice 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. On the day of inspection only sizes 3 and 4 of the clear face masks for self-inflating masks were available. The provider placed an order for the missing 0, 1 and 2 sizes the same day.

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

The practice 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 practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

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.

The orthodontists carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

Helping patients to live healthier lives

The practice 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.

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 practice 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.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance and legislation.

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 practice did not provide.

Are services well-led?

Our findings

We found 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). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The practice 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 broadly embedded, and staff worked well together. -

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

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

Culture

The practice 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 and one to one meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice 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 practice 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 some processes in place for managing risks, issues and performance. We noted that the fire risk assessment and 5-year fixed wiring electrical testing were only booked in response to the CQC inspection being announced.

The provider could not demonstrate that the previous undated fire risk assessment had been carried out by a person who had the qualifications, skills, competence and experience to do so or that it had been regularly reviewed. Improvements were needed to ensure that risk assessments related to fire were completed and reviewed regularly and there was ongoing and effective fire safety management.

Furthermore, there was no evidence that fixed wiring electrical installation safety checks had been carried out prior to 7 June 2022. The fixed wire electrical installation certificated available for review estimated that the last checks had been carried out 15 years ago. Improvements were needed to ensure that safety checks in relation to the premises were carried out in a timely-manner and there was ongoing management of premises safety.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Are services well-led?

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. In a patient satisfaction survey carried out between January 2021 and March 2022, 71 out of 76 patients had stated they would be 'extremely likely' to recommend the practice to friends and family.

The practice 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.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access and radiographs. However, improvements were needed to ensure that infection prevention and control audits were carried out bi-annually in line with the relevant national guidance. The last infection prevention and control audit was carried out on 22 October 2019. The practice carried out monthly decontamination of equipment audits. This focused only on the decontamination of dirty instruments only and did not consider all aspects of the infection prevention and control process within the service.

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

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 **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 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 registered person 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: • Risk assessments relating to fire had not been carried out and reviewed regularly. A fire risk assessment had been carried out on 8 June 2022 in response to the CQC inspection being announced. The risk assessment included a number of recommendations. Some of these recommendations had not yet been completed. The provider could not demonstrate that prior to this date, fire risk assessments had been carried out and reviewed regularly by a person who had the qualifications, skills, competence and experience to do so. • The provider did not have systems and processes in place to ensure that the 5-year fixed wire electrical checks had been carried out in accordance with regulations. Electrical installation tests had been carried out on 7 June 2022 in response to the CQC inspection being announced. The test found the

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Requirement notices

electrical fixed wiring installations at the premises unsatisfactory. The provider could not demonstrate that they had effective systems and processes in place for the ongoing management of premises safety.

The registered person had systems or processes in place that were operating 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:

- Infection prevention and control audit was not carried out bi-annually.

Regulation 17 (1)