

Twickenham Dental Care Limited

Twickenham Dental Care

Inspection report

90 Heath Road
Twickenham
TW1 4BW
Tel: 02087441944
www.twickenhamdentalcare.co.uk

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Overall summary

We carried out this announced comprehensive inspection on 15 November 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 always ask the following 5 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:

- 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.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.
- The practice had staff recruitment procedures which reflected current legislation; however, some staff records were incomplete.
- There were ineffective systems to ensure that staff were up to date with their training.
- There were ineffective systems to support continuous improvement.
- The practice did not have effective systems to help them manage risks, and the leadership and oversight for the day-to-day management of the service needed improvements.

Background

The provider has 2 practices and this report is about Twickenham Dental Care which is in the London Borough of Richmond-upon-Thames and provides private dental care and treatment for adults and children. The practice offers dental implants, orthodontics and sedation services.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes 3 dentists, an orthodontist, a periodontist, an oral surgeon, a dental nurse, a dental hygienist, an orthodontic therapist and 2 receptionists. In addition, a regular locum dental nurse is employed. The practice has 3 treatment rooms.

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

The practice is open:

Monday 8am to 4pm

Tuesday 9am to 7pm

Wednesday 10am to 6pm

Friday 9am to 4.30pm

Saturday 9am to 4pm.

We identified regulation 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

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

- Take action to ensure accurate, complete and detailed recruitment records are maintained for all staff and ensure the practice stores records relating to people employed and the management of regulated activities in compliance with legislation and take into account current guidance.
- Implement a system to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

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 ✓
Are services effective?	No action ✓
Are services caring?	No action ✓
Are services responsive to people's needs?	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 control procedures which reflected published 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 though we noted that some improvements could be made to ensure the policy was always adhered to. We saw that some recruitment checks, particularly for the visiting sedationists, had not been carried out in accordance with relevant legislation. In addition, there was a lack of satisfactory evidence of conduct in previous employment for 3 members of staff and no evidence of immunity to hepatitis B for one member of staff.

Following our inspection, the practice obtained recruitment records in respect of the sedationists.

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.

The practice did not ensure the facilities were maintained in accordance with regulations. We noted that a five-year fixed wiring electrical safety test had not been carried out, and the air-conditioning system had not been serviced.

The provider did not have effective fire safety management procedures. In particular, the fire risk assessment had not been carried out by a person who had the necessary skills to do so, and it had not identified that there was inadequate emergency lighting throughout the premises. A designated fire exit was not fit for purpose as it led into a very small yard with no means of escape. We did not see any evidence that staff had been trained in fire safety. No staff had been designated as fire marshals and there were no records to demonstrate that the fire alarms were regularly tested.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Improvements were required to ensure the X-ray equipment was serviced and maintained annually according to manufacturer's requirements.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety, this included lone working. Dental Dam was used routinely to protect patients' airways. We observed that safer sharps were not used where practicable, and no needle guards were evident, contrary to the sharps policy.

Staff had not completed sepsis awareness training. Sepsis prompts to assist the staff to triage appointments and patient information posters were not displayed within the practice. The receptionist took immediate action to rectify this during our inspection.

Are services safe?

Emergency equipment and medicines were available with the exception of the Oromucosal Midazolam (a medicine to treat prolonged epileptic seizures), which had expired. The practice replaced the expired medicine following our inspection. Emergency equipment and medicines were checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support (ILS) or equivalent training for all team members providing treatment to patients under sedation had not been completed. The provider has submitted assurance to the Commission that no further dental care or treatment using conscious sedation will take place until relevant team members have received ILS or equivalent training.

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

We reviewed 12 clinical records and found the majority were completed adequately. We noted that one dentist did not record comprehensive clinical notes to establish individual patient needs and assessments. For example, we found limited records of treatment options discussed, intra oral and extra oral soft tissue examination, risk ratings, Basic Periodontal Examination (BPE), diagnosis, and social history. Records did not consistently demonstrate that radiographs were justified and reported.

We noted that old dental care records were stored using ununlockable shelving type units.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. Improvements were required to ensure the referrals were centrally monitored and followed up to ensure patients were seen in a timely manner.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out. Improvements were required to ensure dispensed medicines were labelled in accordance with the Human Medicines Regulations 2012. We noted the practice dispensed erythromycin, a broad-spectrum antibiotic that is no longer recommended as per current national guidance provided by the College of General Dentistry (CGDent).

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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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

Though most of the clinical records we looked at were well maintained, there were shortcomings in the information recorded in some of the care records. For example, one dentist did not routinely record any cancer screening checks, BPEs, or diagnoses.

Details of the sedation procedure for patients receiving dental care and treatment using conscious sedation were not recorded in the patient care records. We were told these records were maintained by the visiting sedationists and taken off-site.

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

Evidence was not available to demonstrate that each dentist justified, graded and reported on the radiographs they took.

The practice had not carried out radiography audits six-monthly following current guidance. The most recent radiography audit was completed in 2018.

Effective staffing

Although staff had the skills, knowledge and experience to carry out their roles, we found that the practice did not have systems in place to ensure clinical staff had completed Continuing Professional Development (CPD) as required for their registration with the General Dental Council. In particular we did not see evidence that all dentists had completed recent infection control or radiography training. Improvements were also needed to ensure that staff were trained in fire safety, sepsis awareness and autism and learning disability awareness. Following our inspection, the provider submitted evidence that relevant courses had been booked for all staff.

Co-ordinating care and treatment

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

Are services effective?

(for example, treatment is effective)

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 caring?

Our findings

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

Kindness, respect and compassion

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

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage. Improvements were required to ensure historical paper records were stored securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's website leaflet provided patients with information about the range of treatments available at the practice.

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, photographs, study models, and X-ray images.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

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

We found the provider had the values and skills to deliver high-quality, sustainable care although improvements were required to improve oversight at the practice. The provider told us they had struggled to recruit staff and the practice had been experiencing a shortage of trained dental nurses, causing some systems and processes to be ineffective. The inspection highlighted some issues and omissions especially in relation to fire safety procedures and premises maintenance.

Culture

Staff stated they felt respected, supported and valued. Many staff had been in their posts for over 10 years. Staff told us that they were proud to work in the practice and felt happy as a team.

We found that there were no arrangements in place for staff to discuss their training needs during meetings. We saw no evidence of completed staff appraisals.

Governance and management

The practice's management and governance structure required some improvements

The practice policies and procedures were not reviewed or monitored effectively to ensure that they reflected current guidance and legislation.

For example, the recruitment and infection control policies stated that responses to the Hepatitis B vaccination were held by the practice. On the day of inspection some records were missing.

The Health and Safety policy stated that the Radiation Protection Supervisor must be on-site at all times, but this was not reflected in day-to-day operations. The sharps policy referred to needle guards being used but none were evident, contrary to their sharps policy. The recruitment policy stated that 2 references were held for staff. None were seen on the day of inspection. Following the inspection, we received some evidence of hepatitis B vaccination responses and some staff references.

Improvements were needed to ensure processes for managing risks were effective. For example, the provider had not recognised that the fire risk assessment was inadequate.

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.

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.

Are services well-led?

There was limited evidence, recorded or otherwise, to demonstrate the practice gathered feedback from staff through meetings, surveys, and informal discussions. There was only one recorded meeting from 2022.

Continuous improvement and innovation

The practice did not have adequate systems and processes in place for learning, continuous improvement and innovation.

The practice had not undertaken audits of radiographic and infection prevention and control audits in accordance with current guidance. The latest infection prevention and control audit was carried out in September 2021. There was no evidence of any resulting action plans and improvements.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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.</p> <p>How the Regulation was not being met</p> <p>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:</p> <ul style="list-style-type: none">• Audits of radiographs and infection prevention and control were not carried out in accordance with current guidance.• The practice policies and procedures were not reviewed or monitored effectively to ensure that they reflected current guidance and legislation. <p>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:</p> <ul style="list-style-type: none">• Risks related to fixed electrical wiring, fire, equipment, sharps, staff training & provision of dental care and treatment under conscious sedation had not been suitably identified and mitigated. <p>Regulation 17 (1)</p>