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Parkview Dental - Clapham

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 11 January 2024 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 advisor.

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 appeared 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.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.

Summary of findings

- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff felt involved, 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 practice had information governance arrangements.
- There was a culture of continuous improvement.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were required to ensure accurate safeguarding referral protocols were in place.
- The practice had some systems to help them assess and manage risk. There was scope to improve these in order to align them with current guidance and legislation.
- 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 Parkview Dental – Clapham.

Parkview Dental – Clapham is in the London Borough of Lambeth and provides private dental care and treatment for adults.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes the principal dentist, 1 associate dentist, 2 dental nurses and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with the associate dentist, 1 dental nurse and 1 receptionist. We spoke with the principal dentist by telephone. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Tuesday and Thursday from 9.30 to 5pm (closed for lunch between 1pm and 2pm))

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

- Improve the practice's waste handling protocols to ensure waste is segregated and disposed of in compliance with the relevant regulations and taking into account the guidance issued in the Health Technical Memorandum 07-01.
- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

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?	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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were required to ensure up to date details of the local authority safeguarding teams were available to all staff.

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 in line with guidance. However, staff told us that there were no arrangements in place to transport clinical waste by a licensed carrier and instead was taken to the provider's other dental practice in a private vehicle for storage and disposal. Following our feedback, the provider made arrangements to store the waste securely and have it collected by a licensed waste management company.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or 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, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety required improvement to ensure that in-house checks of the smoke alarms and emergency lighting were undertaken and suitably recorded.

The practice had arrangements to ensure the safety of the X-ray equipment. Improvements were required to ensure the Local Rules contained the minimum information required to comply with Ionising Radiation Regulations 2017 (IRR17). Following our feedback, the provider updated the Local Rules.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. We noted that the dental nurse dismantled and disposed of contaminated sharps. Improvements were required to ensure staff follow the guidance "Healthcare-associated infections: prevention and control in primary and community care" published by the National Institute for Health and Care Excellence (NICE) which advises that used sharps must be discarded immediately by the person generating the sharps waste.

Emergency equipment and medicines were available and 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.

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

Are services safe?

Information to deliver safe care and treatment

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits which clearly identified how prescribing habits could be improved were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate 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.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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 patient care records in line with recognised guidance.

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

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

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 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. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentist explained the methods they used to help patients understand their treatment options. 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

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

Timely access to services

The practice displayed its opening hours and provided information on their patient information leaflet, however we noted that the opening hours were incorrect, stating that the practice was open on Mondays instead of Tuesdays. Following feedback, the provider assured us that this would be addressed.

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. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. When the practice was closed patients were offered emergency appointments at the provider's other practice.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

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

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

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

We found that all staff members worked well together. However, improvements were needed to ensure information about systems and processes was readily available and embedded in the day to day running of the practice. Following our feedback any identified omissions were dealt with in a timely manner.

The information and evidence presented during the inspection process required some improvements as the staff who were present did not know where some of the documentation was located.

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

Culture

Staff 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 1 to 1 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 governance system which required improvements. The practice policies were reviewed at regular intervals, but greater scrutiny was needed. For example, the whistleblowing policy signposted concerned staff to consult Public Concerns at Work which ceased to exist in 2018. The infection prevention and control policy stated that storage of pouched instruments must not exceed 30 days instead of 1 year. In addition, it stated that a commercial cleaning company provided domestic cleaning but staff told us that they carried out this task.

We saw there were some processes for managing risks, issues and performance.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients.

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement -. These included audits of disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.