

Fulham Dental Care Limited

Fulham Dental Care

Inspection report

516-518 Fulham Road
London
SW6 5NJ
Tel: 02076109400

Date of inspection visit: 11/01/2023
Date of publication: 17/02/2023

Overall summary

We carried out this announced comprehensive inspection on 11 January 2023 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- 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.

Summary of findings

- 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.
- Improvements were needed to the systems to help the provider manage risk to patients and staff.
- The practice had staff recruitment procedures which reflected current legislation; however, some staff records were incomplete on the day of inspection.
- There were ineffective systems to support continuous improvement
- Staff knew how to deal with medical emergencies. However, not all of the life-saving equipment was available as per national guidelines. Following the inspection, the provider took timely action to rectify this.
- The leadership and oversight for the day-to-day management of the service needed improvements.
- The practice did not have infection control procedures which reflected published guidance

Background

Fulham Dental Care is in the London Borough of Hammersmith and Fulham and provides private dental care and treatment for adults and children.

The practice is within a building comprising of 3 split-levels and access to treatment rooms require the navigation of a few steps. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, an orthodontic specialist, 2 dental nurses, a dental hygienist, a practice manager and a receptionist. The practice has 3 treatment rooms.

During the inspection we spoke with the principal dentist, an associate dentist, a locum dental nurse and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday & Thursday 10am to 7pm

Tuesday & Wednesday 9am to 6pm

Friday 9am to 4.30pm

Saturday 9.30am to 3pm

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.

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

Summary of findings

- Improve the practice's protocols for medicines management and ensure all medicines are dispensed of safely taking into account the guidance provided by the College of General Dentistry (CGDent).
- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular with regard to lone working.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Implement protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

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 did not have infection control procedures which reflected published guidance. The decontamination of instruments was not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance. On the day of inspection, the locum dental nurse demonstrated the decontamination process. In particular we did not witness hand hygiene and there was no hand-washing facility in the decontamination room. We observed that the temperature of the water used for scrubbing the instruments was not checked and staff did not measure the correct quantity of detergent. The instruments were not scrubbed beneath the water, creating a risk of contaminated aerosol.

The ultrasonic activity tests used to validate the efficacy of the ultrasonic bath were not carried out correctly and on the day of inspection the provider was unable to evidence that protein residue tests which confirm that the cleaning process retains the capability of removing protein were being carried out. We did observe that instruments were examined beneath a magnifying light before sterilisation and we noted that stored instruments were visibly clean throughout the practice.

In light of our findings, the provider immediately took action to improve their staff induction video to reflect HTM01-05 in detail and have since carried out new audits to improve their processes. The provider also assured us that the locum dental nurse's demonstration of the decontamination process did not reflect the usual infection prevention and control procedures followed by the permanent staff.

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.

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 though we noted that some improvements could be made to ensure the policy was always adhered to. We saw there was a lack of satisfactory evidence of conduct in previous employment (references) for 2 members of staff and no evidence of immunity to hepatitis B for 3 members of staff. Following our inspection, the practice swiftly obtained the missing recruitment records.

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 was effective.

The practice had arrangements to ensure the safety of the X-ray equipment but some of the required radiation protection information was not available. For example, Local Rules were not available and a Radiation Protection Advisor (RPA) had

Are services safe?

not been appointed at the time of inspection. We were told that the RPA contract had recently lapsed. Following the inspection, we saw evidence that Local Rules had been located and displayed, and an RPA had been re-appointed. Rectangular collimators which minimise radiation exposure were not used. The provider sent evidence to demonstrate they had now been fitted to the X-ray units.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety. The practice had not carried out a lone working risk assessment to help them manage risks to staff. Following our inspection, the provider carried out the risk assessment.

Emergency medicines were available and checked in accordance with national guidance however, we found shortfalls in the management of some emergency equipment. We saw that there was no checklist to ensure that life-saving equipment was available. As a result, we found the practice did not have some items of equipment used to manage airways and breathing. We noted that there was no portable suction, no paediatric self-inflating bag, no face masks for the self-inflating bag and the mask to deliver oxygen had been used and required replacement. We found that 2 oropharyngeal airways were past their use-by date. We also saw that the adult self-inflating bag was old and not fit for purpose. In addition, the Automatic External Defibrillator (AED) was not equipped with scissors or razor. The practice had some adrenaline auto-injectors as well as additional adrenaline ampoules, however, the needles to deliver the back-up doses were unsuitable for intra-muscular injection. The practice did not have a bodily fluids spillage kit.

Following the inspection, the provider immediately purchased the missing items and replaced the unsuitable equipment.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support (BLS) every year. Immediate life support training was also completed by staff providing treatment to patients under sedation. BLS training was overdue for a new member of staff but we were assured that they would be attending the annual training session which was held 2 weeks after our inspection.

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

We found some hazardous cleaning products in an unlocked cabinet within the patient toilet. These were removed immediately, and the cleaner was contacted to ensure this would not happen again.

Information to deliver safe care and treatment

Patient care records were not complete. In particular we observed that discussions and consent were not always recorded and patient options were missing. The justification and reporting of radiographs was not always recorded.

Records 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.

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 stored securely and were labelled in accordance with the Human Medicines Regulations 2012. Patient information leaflets were not routinely given with dispensed medication. The provider has now taken action and rectified this.

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.

The practice offered conscious sedation for patients. The visiting sedationist supplied all necessary emergency equipment and medicines, and their systems included checks before and after treatment, medicines management, sedation equipment checks, and staff availability and training.

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

We saw the provision of dental implants was in accordance with national guidance.

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 did not keep detailed patient care records in line with recognised guidance. In particular, we observed that discussions with patients, the options available and consent were not always recorded. The justification and reporting of radiographs was not always recorded.

The provider informed us that they had undertaken a record-keeping audit for a dentist following the inspection, and this had identified further omissions. This included lack of documentation in the records of key assessment areas such as social histories, alcohol consumption and tobacco use. The provider recognised the value of auditing the records and has updated the digital patient management system to prevent these omissions in the future. We were also assured that the audit cycle will be repeated to ensure changes have been embedded.

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.

Evidence was not available in the dental records to demonstrate the dentists always justified, graded and reported on the radiographs they took.

The practice carried out radiography audits six-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Improvements were required to ensure all members of staff were aware of sepsis. Following the inspection, all staff completed training and posters were displayed.

Newly appointed staff were given their induction training using videos. We watched one training video and noted that it demonstrated decontamination procedures that did not reflect HTM 01-05 guidance. The provider has since filmed a new video for induction purposes.

Are services effective?

(for example, treatment is effective)

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.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television, to improve security for patients and staff. The practice did not have the relevant protocols and procedures in place to ensure its appropriate use. In particular, a privacy impact assessment had not been undertaken and there was no signage within the practice. Following the inspection, the provider rectified this.

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

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 website provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, X-ray images and an intra-oral scanner.

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, for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The practice had purchased a new induction hearing loop as a result of the latest audit. The provider described plans to make a treatment room wheelchair accessible in the future.

Timely access to services

The practice displayed its opening hours and provided information on their website and social media page.

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 website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open

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 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 staff 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.

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.

The inspection highlighted some issues and omissions such as relating to medical emergency equipment, infection prevention and control, record keeping and induction process. Following our inspection feedback, the provider completed an action plan to address the shortcomings.

The information and evidence presented during the inspection process was somewhat disorganised. We recognised that this was because staff had only been using the new compliance system for a short time and it was not yet fully implemented.

Culture

Staff stated they enjoyed their jobs, were proud to work in the practice and felt happy as a team providing excellent customer service.

Staff discussed their training needs during meetings. We were told that staff appraisals took place but were not recorded anywhere.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The practice had a management structure that required some improvements.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were reviewed on a regular basis.

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks regarding lone working.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had information governance arrangements which required improvements. In particular, the practice had installed closed-circuit television (CCTV). There was no privacy impact statement and there was no signage within the practice. The provider took immediate action to address this.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Are services well-led?

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

The practice had systems and processes for learning, quality assurance, continuous improvement and innovation. These included audits of disability access, radiographs, antimicrobial prescribing, and infection prevention and control. We noted that there were several inaccuracies within the infection prevention and control audits. For example, the latest audit stated that sharps bins were labelled correctly; scrubbing water was temperature checked; instruments were fully submerged, decontamination equipment validation records were available, bodily fluids spillage kit was available; hand-hygiene was carried out before donning personal protective equipment, the clinical waste bin in the decontamination room was foot operated . On the day of inspection, our findings did not reflect these statements.

The provider has carried out audits of infection prevention and control and record keeping following the inspection and recognised their value as they highlighted areas where further improvements can be made.

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 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 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">• The emergency equipment checks that staff carried out were not effective.• The induction process for staff did not demonstrate the correct decontamination procedures as per current national guidance.• Risks in relation to the control and spread of infections had not been assessed and mitigated, in accordance with the Department of Health publication "Health Technical Memorandum 01-05: Decontamination in primary care dental practices"• The governance in relation to radiation safety had not been fully considered, in particular the Local Rules were not evident and a Radiation Protection Advisor was not in post at the time of inspection. <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>

Requirement notices

- Audits of infection prevention and control did not reflect the systems and processes within the practice and had failed to identify issues.

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- There was a lack of consistency and detail in the information recorded in the dental care records.
- The recording of the justification and reporting of radiographs was not always present.

Regulation 17(1)