

Mr. Paul Banner

# Dental Care Centre

## Inspection report

1 Church Road  
Teddington  
TW11 8PF  
Tel: 02089773746

Date of inspection visit: 14 September 2021  
Date of publication: 14/10/2021

### Overall summary

We carried out this announced inspection on 14 September 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 questions 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?**

We found this practice was not providing well-led care in accordance with the relevant regulations.

# Summary of findings

## Background

Dental Care Centre is in Teddington, in the London Borough of Richmond-upon-Thames, and provides NHS treatment to children and private dental care and treatment for adults and children.

The practice is located close to public transport links and car parking spaces are available near the practice.

The dental team includes five dentists, one hygienist, two dental nurses, one dental nurse/practice manager, one dental nurse/receptionist and one receptionist. The practice has four treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open:

Monday to Friday from 9am to 5.30pm.

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had safeguarding processes in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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 provider asked staff and patients for feedback about the services they provided.
- The provider had infection control procedures which reflected published guidance; however improvements were needed to ensure the infection prevention and control audit was carried out on a six-monthly basis as required.
- Improvements were needed to the Information Governance Policy to take into account the General Data Protection Regulation (GDPR) requirements.
- Staff knew how to deal with emergencies and appropriate life-saving equipment was available. However, the risks of not having repeat doses of the medicine used to treat epileptic seizures had not been suitably considered and mitigated.
- Improvements were needed to the systems to help the provider manage risks to patients and staff.
- The provider had staff recruitment procedures which reflected current legislation. However, improvements were needed to ensure important checks were carried out at the time of recruitment.
- The staff carried out some 'highly recommended' training as per the General Dental Council professional standards. Improvements were needed to the provider's monitoring system to enable them to assure themselves that training was up-to-date and undertaken at the required intervals.

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.

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

# Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

# Summary of findings

## The five questions we ask about services and what we found

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>Requirements notice</b> ✗

# 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. 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 patients who required other support such as with mobility or communication, within dental care records.

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.

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 legionella or other bacteria developing in the water systems, in line with a risk assessment carried out on the 6 September 2021. All 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.

The practice manager described the procedures in place in relation to COVID-19. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. These included social distancing and screening measures which had been implemented. We saw evidence that personal protective was in use and staff had been appropriately fit tested for filtering facepiece masks (FFP).

The practice manager told us there were arrangements for fallow time (the period of time allocated to allow aerosol to settle following treatments involving the use of aerosol generating procedures [AGPs]) and cleaning the treatment room. The provider had installed mechanical ventilation to aid in the filtering and circulation of air within all treatment rooms. We suggested to the practice manager that they reassess the length of fallow allowed after AGPs to assure themselves of the validity of their calculations. Since the inspection the provider has confirmed this had been reviewed.

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

The lead nurse carried out infection prevention and control audits. The latest audit, carried out on the 7 September 2021, showed the practice was meeting the required standards. Improvements were needed to ensure the audits were carried out on a six-monthly basis in accordance with HTM 01-05.

# Are services safe?

The provider had whistleblowing policy. Staff told us they were part of a very close-knit team and felt confident they could raise concerns without fear of recrimination.

The dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record.

We looked at five staff records. The dental team was made up of long-standing members of staff. The checks carried out for the most recent member of staff reflected the relevant legislation. On the day of the inspection we found some staff recruitment records were incomplete. Evidence of Disclosure and Barring Services (DBS) checks was not available and we could not be assured these were carried out at the time of recruitment for all members of staff. We also noted that there was no system in place to verify if relevant checks had been carried out for temporary staff.

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

Staff had systems in place to ensure facilities and equipment were safe. Improvements were needed to ensure all equipment, including electrical appliances such as the suction motor and dental chairs, was maintained according to manufacturers' instructions. Following the inspection, the provider confirmed they had arranged for the servicing of this equipment to be carried out.

We saw that there were fire extinguishers and fire detection systems throughout the building, and the fire exits were kept clear. Regular monitoring of the fire detection equipment was also being carried out. We saw a fire risk assessment was carried out on the 11 January 2021 by the practice manager; however, there was no evidence any staff had undergone fire safety training. We could not be assured the fire risk assessment was sufficiently detailed to assess and mitigate all risks, or whether the person carrying out the risk assessment has the relevant skills and knowledge to do so. At the time of the inspection we also noted the last fire drill was in 2019. Following the inspection, the provider had arranged for a fire drill to be carried out.

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 dentist 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, however on the day of the inspection records were not available for all clinical staff in relation to Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 requirements.

## **Risks to patients**

The provider had health and safety policies and procedures; however, improvements were needed to the practice's risk management processes. For example, the risk assessment in place for when staff worked alone did not consider all risks.

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. On the day of the inspection we saw the practice used equipment to minimise the risks of a needlestick injury to staff; however, the sharps risk assessment had not considered all appropriate risks.

All risks associated with having latex products, such as latex gloves used by one of the dentists, had not been considered and mitigated in the form of a risk assessment. The provider told us they would check the patient's medical history for any known allergies.

# Are services safe?

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.

On the day of the inspection there was no evidence staff had carried out training in regards to the recognition, diagnosis and early management of sepsis. We discussed the advantages of undertaking training to ensure staff were able to triage patients correctly.

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

Emergency medication and equipment was available as described in recognised guidance; however, the provider had not considered the risks associated with not having repeat doses of Midazolam as recommended. Staff undertook regular checks to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council Standards for the Dental Team. A risk assessment had been carried that considered the risks of fire when the dental hygienist worked without chairside support and these risks had been mitigated.

On the day of the inspection, we saw the provider had risk assessments and information available in relation to the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Improvements were needed to ensure the information is organised and easily accessible in the event of an incident.

## **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 dentists 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 managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. The introduction of a monitoring process was needed to be able to follow up with referrals made and ensure patients were seen in a timely manner.

## **Safe and appropriate use of medicines**

The dentist was aware of current guidance with regards to prescribing medicines.

Improvements were needed to the storage and monitoring systems for NHS prescription pads to ensure they are monitored as described in current guidance.

An antibiotic prescribing audit had not been carried out to monitor prescribing procedures.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. Staff monitored and reviewed incidents. In the previous 12 months there had been no safety incidents. We saw evidence that safety incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving patient and medicine safety alerts via email, though improvements were needed to ensure these were shared with the team and acted upon if required.

# 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 dental implants. These were placed by the one of the dentists at the practice 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 dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The dentist 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.

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 dentist 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 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.

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 containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

Improvements were needed to the quality assurance processes used to encourage learning and continuous improvement. For example, auditing of patient dental care records could be reviewed to check that necessary information was recorded. Additionally, the results of these audits, and where applicable the resulting action plans and improvements should be shared with staff.

### **Effective staffing**

# Are services effective?

(for example, treatment is effective)

Overall, we found staff had the skills, knowledge and experience to carry out their roles; however, improvements were needed to the monitoring systems to ensure all clinical staff carried out training as recommended by the General Dental Council professional standards.

Staff new to the practice had a structured induction programme.

## **Co-ordinating care and treatment**

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

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. A monitoring process should be introduced to be able to follow up with referrals to ensure patients were seen in a timely manner.

# 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.

The practice wrote to us with evidence of work that had been implemented immediately following the inspection. This information has been considered and will be reviewed when we undertake the follow up visit.

### **Leadership capacity and capability**

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care. However, the lack of oversight, risk management and adherence to published guidance impacted on some aspects of the day to day management of the service.

Leaders at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

### **Culture**

It was evident on the day of the inspection that staff felt supported and valued. They enjoyed working in the practice and felt the provider was a “great boss”.

We saw records from 2016 that showed staff discussed their training needs at an annual appraisal; however, there were no records available on the day of this inspection to show that these had been carried out since. Staff told us they discussed general wellbeing and aims for future in informal discussions.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

The principal dentist 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.

Improvements were needed to ensure effective systems for governance in relation to the management of the service. The practice policies and procedures were available; however, we could not be assured they were reviewed and updated regularly as records available on the day indicated they were last reviewed by staff in 2018.

Improvements were needed to processes for managing risks to ensure they were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks in areas such as medical emergencies, fire safety, lone working or use of sharps.

### **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, improvements were needed to the Information Governance Policy taking into account the General Data Protection Regulation (GDPR) 2018 requirements.

### **Engagement with patients, the public, staff and external partners**

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

# Are services well-led?

The provider used patient surveys and encouraged verbal and online comments to obtain staff and patients' views about the service.

The provider gathered feedback from staff through meetings and informal discussions. Staff were able to offer suggestions for improvements to the service.

## **Continuous improvement and innovation**

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of disability access, radiographs and infection prevention and control. On the day of the inspection we saw a disability access audit that did not consider how to support patients with all forms of additional needs.

The principal dentist valued the contributions made to the team by individual members of staff. This was evident from the last appraisals and discussions we had with the team.

On the day of the inspection records were not available to assure us all staff completed 'highly recommended' training, for example in relation to radiography as per General Dental Council professional standards.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>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.</b></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"><li>• There was no evidence the suction motor and the dental chairs had been serviced.</li><li>• There was no evidence the fire safety risk assessment considered all risks associated with fire and had been carried out by a person with the relevant skills and knowledge. No fire drills had been carried out since 2019.</li><li>• Improvements were needed to the systems for assessing the risks relating to the medicines and equipment used for the treatment of medical emergencies taking into account relevant guidance.</li><li>• There was no sharps risk assessment at the practice that considered the risks associated with the all forms of sharps in use at the practice.</li><li>• The risks associated with use of latex products in the practice had not been considered and mitigated.</li><li>• Improvements were needed to the risk assessment to ensure risks such as when staff worked alone were considered and mitigated.</li><li>• NHS prescription pads were not stored and monitored in accordance with guidelines.</li><li>• There was no system to monitor patient referrals to ensure patients were seen in a timely manner.</li><li>• The information governance procedures did not consider the GDPR requirements.</li></ul>

# Requirement notices

There were no systems or processes that ensured the registered person had maintained securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

- Improvements were needed to the monitoring of staff training to ensure that it is up-to-date and undertaken at the required intervals.
- Staff had not undertaken training in relation to fire safety and sepsis awareness.
- Improvements were needed to the systems for ensuring staff recruitment records were up-to-date and contained evidence that all important checks had been carried out at the point of recruitment.
- There was no system in place to ensure important recruitment checks relating to agency staff have been carried out.

**Regulation 17 (1)**