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A W Kaczmarski Dental Surgery

Inspection report

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Date of inspection visit: 12 June 2023

Date of publication: 21/07/2023

Overall summary

We carried out this announced comprehensive inspection on 12 June 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.
- The practice had infection control procedures which reflected published guidance.
- The practice had staff recruitment procedures which reflected current legislation.
- 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.
- Staff felt involved, supported, and worked as a team.
- Clinical staff provided patients' care and treatment in line with current guidelines. Improvements were required to ensure this was suitably documented in clinical records.
- Improvements were required to ensure patients were asked for feedback about the services provided and that this feedback was documented.
- Improvements were required to the practice's information governance arrangements.
- Staff knew how to deal with medical emergencies, and life-saving equipment were available. Improvements were required to ensure all medicines were available, and records of checks maintained.
- Improvements were required to the practice systems to manage risks for patients, staff and the premises.
- Safeguarding processes were in place, however improvements were required to ensure staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements were required to ensure the practice had an effective leadership, and promote a culture of continuous improvement.

Background

A W Kaczmariski Dental Surgery is in Acton in the London Borough of Ealing and provides NHS and private dental care and treatment for adults and children.

There is step free 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 a dentist and a dental nurse (who also covers reception duties). The practice has 1 treatment room.

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

The practice is open:

8.30am to 6pm Monday, Wednesday, Thursday and Friday.

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

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

- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.






Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

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?	Requirements notice	
Are services effective?	No action	
Are services caring?	No action	
Are services responsive to people's needs?	No action	
Are services well-led?	Enforcement action	

Are services safe?

Our findings

We found this practice was not providing safe 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 impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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 that all staff completed safeguarding training to the appropriate level and demonstrated the right level of knowledge.

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 for clinical waste. The clinical waste was not stored in a secure bin. The room it was stored in was not secure and could be accessed by visitors to the location. Therefore, improvements were required to ensure it was stored appropriately.

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

The practice carried out root canal treatments but were not using rubber dam which is a device that isolates the tooth against bacterial ingress and increases treatment success rates. It also acts as a barrier to the airway to prevent accidental inhalation of the small instruments and chemicals used. The dentist was unable to describe the procedures they used to protect the patients' airways in the absence of rubber dam.

The practice had a recruitment policy and procedure to help them employ suitable staff. Locum and agency staff were not used.

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. Improvements were required to ensure the facilities were maintained in accordance with regulations. The electrical installation condition report (EICR) was overdue by at least 10 years (the previous report could not be located). The provider had booked an appointment with a contractor to carry this out in the week following the inspection.

A fire safety risk assessment was carried out in line with the legal requirements. Fire extinguishers were serviced annually, although the provider could not find the certificate to evidence this. Improvements were required to ensure fire drills and regular fire safety checks were carried out routinely.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The practice did not have a rectangular collimator. The principal dentist told us they had ordered one and were awaiting the arrival.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working.

Are services safe?

Emergency equipment and medicines were available, although buccal midazolam was missing. Staff told us that they checked medicines and equipment in accordance with national guidance, however records were not maintained to confirm this.

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 some risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Improvements were required to ensure all items were listed in the control of substances hazardous to health (COSHH). Some items had not been risk assessed, although they had data sheets for these items. In addition, COSHH items were not stored securely and could be easily accessed by visitors to the premises.

Information to deliver safe care and treatment.

Patient care records were kept securely and complied with General Data Protection Regulation requirements. However, records were not complete and lacked detail.

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. Improvements were required to the security of prescription pads to ensure systems were in place track and monitor them. Antimicrobial prescribing audits were not being 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. The dentist was aware of the most recent alert relating to dental practices.

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 undertook suitable risk assessments before providing dental care in domiciliary settings such as care homes or in people's residence. Improvements were required to ensure that the information obtained from the risk assessments were documented.

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. Improvements were required to ensure that consent was documented appropriately in patient care records.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly. We were informed by the principal dentist that the majority of patients were from the Polish community and spoke Polish. The practice had procedures in place to communicate with patients including staff speaking Polish fluently and providing written information in Polish.

Monitoring care and treatment

The practice did not keep patient care records in line with recognised guidance. The records we checked lacked detail. For example, the dentist was not routinely recording intra oral soft tissue checks, risk assessments, and discussions around treatment options,

We did not see evidence that the dentist justified, graded, and reported on the radiographs they took. There was no justification, reporting or grading in clinical notes. The practice was not carrying out radiography audits six-monthly in line with current guidance.

Effective staffing

We saw evidence that staff were up to date with their continuing professional development requirements.

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 dentist 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.

There was no recent patient feedback for us to review to measure this.

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 majority of patients were Polish, and written and verbal information was provided routinely in this language for patients.

The practice's website and 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, X-ray images and an intra-oral camera.

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. The majority of patients were Polish and the practice had information available routinely in both English and Polish to meet the needs of patients. Both the dentist and dental nurse spoke Polish fluently.

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

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 website patient information leaflet.

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, information leaflet 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. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice had not received any complaints in recent years. They had processes to respond to concerns and complaints appropriately. Staff said they would discuss outcomes to share learning and improve the service if they ever had any complaints.

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 Enforcement Actions 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

There was a lack of leadership and the information and evidence presented during the inspection process was not clear or well documented. Both staff carried out the practice management role but did not demonstrate that they had the capacity to do this work. Documents were not filed in a systematic way and many documents requested on the day of the inspection could not be located in a timely manner.

Culture

The dentist and dental nurse worked well together and demonstrated that they had a support culture between them. They both stated they felt respected and supported.

The dental nurse had the opportunity to discuss training needs during annual appraisals and regular informal meetings. 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 governance system which included policies, protocols and procedures that were accessible to all members of staff.

Improvements were required to the processes for managing risks. The provider told us risk assessments were carried out routinely however paperwork was not available to confirm this. The practice could not locate a copy of the most recent legionella risk assessment, fire safety checks such as fire drills and visual inspections of equipment were not carried out routinely and recorded. There was no lone worker risk assessment in place.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Staff were aware of the importance of protecting patients' personal information.

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

There were no processes for gathering feedback from patients, the public and external partners. The practice had copies of Friend and Family Test (FFT) surveys. These were dated from 2017. This was the last time the practice had gathered feedback from patients.

Feedback from staff was obtained through meetings and informal discussions.

Continuous improvement and innovation

The practice did not have systems and processes for quality assurance and continuous improvement. They were not carrying out radiographic and infection prevention and control audits in line with guidance.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The systems and processes that enabled 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 worked ineffectively. In particular,</p> <ul style="list-style-type: none">• Clinical waste was not stored in a secure bin or location.• Not all items were listed in the control of substances hazardous to health (COSHH) file. In addition, some items had not been risk assessed, although they had data sheets for these items.• COSHH items were not stored securely and could be easily access by visitors to the premises.• The provider had not maintained the electrical installation in line with guidance. An EICR had not been completed in line with the 5-yearly interval requirements.• The dental nurse had not completed level 2 safeguarding in line with clinical requirements.• Buccal midazolam was not available in the medical emergencies' medicines.

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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>There were no systems or processes that enabled 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">• Radiograph audits were not being carried out in line with guidance. The last audit completed in the practice was in 2014.• The practice was not carrying out infection control audits in line with guidance. The last audits were completed in May 2020 and May 2021. <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">• There were times when dentist worked alone, and the cleaner also worked alone. The risks relating to lone working had not been considered or mitigated and documented in a risk assessment.• Systems for filing electronic and paper records relating to premises and equipment checks were haphazard.• Records of checks to medical emergencies equipment and medicines were not routinely maintained. <p>The registered person had systems or processes in place that were operating 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:</p> <ul style="list-style-type: none">• Patient care records were not complete and lacked detail. The dentist was not fully recording discussions with patients. For example, treatment options, intra oral checks, risk assessments were not recorded in the records we reviewed.

Enforcement actions

There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- The practice was not routinely collecting or monitoring feedback from patients. The last FFT survey we saw was dated 2017.

Regulation 17 (1)