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Ilford Dental Practice

Inspection report

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Overall summary

We undertook a follow up focused inspection of Ilford Dental Practice on 25 August 2021. This inspection was carried out to review in detail the actions taken by the registered provider to improve the quality of care and to confirm that the practice was now meeting legal requirements.

The inspection was led by a CQC inspector who was supported by a specialist advisor.

We undertook a comprehensive inspection of Ilford Dental Practice on 10 June 2021 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found the registered provider was not providing safe, effective and well led care and was in breach of Regulations 12- Safe Care and Treatment and 17- Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can read our report of that inspection by selecting the 'all reports' link for Dental Surgery on our website www.cqc.org.uk.

As part of this inspection we asked:

- Is it safe?
- Is it effective?
- Is it well-led?

Our findings were:

Are services safe?

We found this practice was providing safe care in accordance with the relevant regulations. The provider had made improvements in relation to the regulatory breaches we found at our inspection on 10 June 2021.

Are services effective?

Summary of findings

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

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 10 June 2021.

Are services well-led?

We found this practice was providing well-led care in accordance with the relevant regulations.

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 10 June 2021.

Background

Ilford Dental Practice is in the London Borough of Redbridge and provides private dental treatment to adults and children. The practice is accessible by Transport for London rail and bus services and is within easy access to local amenities including banks, supermarkets and a post office. The practice is not suitable for people who are in wheelchairs as there is no lift on the premise to access treatment rooms on the first floor. Paid parking spaces are available near the practice.

The practice is located on the first floor of the building which is accessed using two flights of stairs. The first floor has four treatment rooms (two viable-one functional), a treatment room which is now the decontamination room, an office area used for storage, a toilet, reception area and a waiting area.

The practice is owned by an individual who is the principal and only dentist there and is supported by two GDC registered dental nurses- one of whom serves as the reception staff and was furloughed at the time of our inspection. The principal dentist who is the responsible individual has a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

The practice is open Monday to Friday from 10:00am to 3pm. When the practice is closed, out of hours services are provided by the NHS 111 services.

The provider did not have a practice website at the time of the inspection.

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

Our key findings were:

- The practice still needed redecoration, refurbishing and general refurbishment.
- There were now arrangements in place to monitor staff training.
- Improvements were made in relation to infection prevention and control and fire safety.
- The practice had some policies and procedures to govern activities, however some were not current.
- The disposal of clinical waste had improved.
- Equipment such as the autoclave, ultrasonic bath, dental chair, suction and compressor were now serviced as per manufacturer's guidance.
- Arrangements to assess and mitigate risks of fire at the practice had improved.

Summary of findings

- Arrangements were now in place to ensure the safety of X-ray equipment.
- Emergency equipment and medicines were now available as described in recognised guidance.
- Improvements were still needed to ensure dental care records were stored properly and as per recommended guidance.

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

- Improve the practice's protocols and procedures for the use of X-ray equipment, namely, local rules in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Take action to ensure the clinicians take into account the guidance provided by the Faculty of General Dental Practice when completing dental care records.
- Take action to ensure the practice stores dental care records securely.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action ✓
Are services effective?	No action ✓
Are services well-led?	No action ✓

Are services safe?

Our findings

We found arrangements had improved which means patients were now receiving safe care in accordance with the relevant regulations.

At the inspection of 10 June 2021, we found the Ilford Dental Practice did not always provide care and treatment in line with current guidance relating to infection prevention and control, recruitment records, equipment checks, clinical records, risks to patients, emergency medicine and equipment.

At this inspection, we found improvements had been made to the service which meant that risks to service users have been mitigated considerably.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

At the inspection of 10 June 2021, we found that the provider was not adhering to 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. At the follow up inspection of 25 August 2021, we saw the following improvements had been made:

- The provider had an infection prevention and control policy and procedures which was now in line with The Health Technical Memorandum 01-05 guidance: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care.
- The building was still in a state of disrepair; the carpeted area in the waiting area was badly stained, walls were dirty in some places and all areas needed updating. The provider told us there was a refurbishment plan to renovate the whole practice come September 2021.
- The provider had ensured equipment, such as, the autoclave, ultrasonic bath, dental chair, suction and compressor were serviced in line with manufacturer's recommendation.
- Additional standard operating procedures had been implemented to protect patients and staff from COVID-19. Staff had been fit tested for respiratory protective equipment.
- All recommendations in the professional risk assessment of 2 July 2021 had been actioned and records of water testing and dental unit water line management were maintained.
- At the previous inspection, we found that the provider had limited policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. At this inspection, we saw that improvements had been made to ensure clinical waste including gypsum and X-ray fluids were collected and disposed of in line with guidance.
- The provider had completed a recent infection prevention and control audit.
- Improvements had been made to how staff recruitment records were maintained.
- We saw evidence that the five-year fixed electrical testing had been undertaken on 24 August 2021 and the fittings were found to be in satisfactory condition for continued use.
- The arrangements to assess and mitigate risks of fire at the practice had improved. We noted that firefighting equipment such as fire extinguishers had been serviced to ensure they were in good working order. Additionally, a documented evacuation procedure was in place and staff we spoke with knew what to do in the event of a fire.
- The arrangements to ensure the safety of the X-ray equipment had improved; The provider had ensured the equipment received radiological inspection, routine test and electro-mechanical checks. We were provided with evidence they were registered with the Health and Safety Executive (HSE) as per the Ionising Radiations Regulations 2017 (IRR17). We reviewed the local rules; however, they had not been updated to include relevant information as stipulated by law.
- We found further improvements were still needed on how the provider justified, graded and reported on the radiographs they took. The provider had not undertaken a new radiograph audit following the inspection of June 2021.

Are services safe?

Risks to patients

At the inspection of 10 June, we found that the provider had systems which operated ineffectively to assess, monitor and manage risks to patient safety. At this inspection, we saw that the provider was taking appropriate steps to remedy areas of concerns.

- We saw that health and safety policies, procedures and risk assessments were now reviewed to help manage potential risk.
- The provider now had a current employer's liability insurance dated 12 July 2021 with a validity of one year.
- A sharps risk assessment was now available and was displayed in the treatment and decontamination room.
- The provider had ensured the effectiveness of the hepatitis vaccination was checked for clinical staff.
- Staff had completed sepsis awareness training and prompts for staff and patient information posters were now available.
- Emergency equipment and medicines were now available as described in recognised guidance and staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.
- We saw that the provider now maintained safety data sheets for substances which posed a risk to health; improvements meant these were in line with the Control of Substances Hazardous to Health Regulations (COSHH) 2002.

Information to deliver safe care and treatment

- We reviewed five dental care records of patients who attended the practice recently. The inspection team found that although progress had been made since the inspection of June 2021, further improvements were needed to ensure records were more comprehensive of patients' past and current dental health. We also raised with the provider about the use of unrecognised acronyms in the dental care records.
- At the inspection of 10 June 2021, we noted that dental care records were stored using unlockable shelving type units and which were not fire resistant. This was still in place at the follow up inspection on 25 August 2021; however, the provider told us this was included in the refurbishment plans.
- The provider was now registered with the Medical and Healthcare products Regulatory Agency (MHRA) to receive safety alerts. They also described how relevant alerts would be processed and cascaded to the team.

These improvements showed the provider had taken the necessary action to comply with the regulations when we inspected on 25 August 2021.

Are services effective?

(for example, treatment is effective)

Our findings

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

At our previous inspection on 10 June 2021, we judged the provider was not providing effective services as the arrangements in respect of effective staffing and coordinating care and treatment were not adequate. We told the provider to take action when we issued them with a Warning notice.

These arrangements had improved when we undertook a follow up inspection on 25 August 2021. We found the practice had made the following improvements to comply with the regulations and was now providing effective care in accordance with the relevant regulations:

- At the inspection of 10 June 2021, we found the provider did not have systems to keep dental professionals up to date with current evidence-based practice. For example, the provider was unaware of the changes to current guidance with regards to the prescribing of antimicrobials for periodontitis. At the follow up inspection on 25 August, the provider was able to demonstrate some learning; however from records reviewed, we found that further learning was required of the guidance to ensure prescribing was up to date for dental conditions.
- At this inspection we saw that all staff had completed mandatory training.
- We were unable to inspect if the provider was proactively recording patient's social history: specifically smoking, chewing of paan (a preparation combining betel leaf with areca nut), alcohol consumption and diet. This was because the practice had been closed since the inspection of 10 June 2021.
- We saw some evidence the provider had begun to implement systems to monitor care and treatment, for example, audits and checklists.
- The provider had established systems and processes to manage referrals sent to other primary and secondary services and these were fit for purpose.

These improvements showed the provider had taken action to comply with Regulation 12 when we inspected on 25 August 2021.

Are services well-led?

Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

At our previous inspection of 10 June 2021, we judged the provider was not providing well-led services as there was a limited over-arching governance structure and risks were not adequately mitigated. We told the provider to take action and issued them with Warning notices in respect of these issues. When we undertook the follow up inspection on 25 August 2021, the following improvements to the service were demonstrable:

Leadership capacity and capability

The principal dentist demonstrated openness, honesty, transparency and responsiveness to the inspection findings. The provider welcomed the findings of our inspection undertaken on 10 June 2021 and as a result, voluntarily closed the practice on 15 June 2021 for six weeks.

When we undertook the follow up inspection on 25 August 2021, we saw that improvements had been made to the service. There were some areas which required further attention to ensure sustainability.

At this inspection, we found the governance arrangements had improved; we could now see some form of structure, systems and processes. They had sought to better manage and minimise risks associated with infection control, emergency drugs and equipment and fire safety. For example:

- Systems were now in place to service equipment including the autoclave, compressor, dental chair, suction and the dental X-ray. We saw evidence these were now maintained, tested and serviced in line with the manufacturer's instructions and relevant legislation and guidance.
- Better arrangements were in place to monitor staff training.
- Policies, protocols and procedures had improved and were now bespoke to the practice.
- The provider had some evidence of quality improvement processes, namely, audits of dental care records and radiographs, however, further improvements needed over a period of time to be able to inspect the worthiness and whether these processes led to improvement in patient care and treatment.
- Systems were now in place for receiving, managing and cascading safety alerts such as those reports issued from the MHRA and other relevant bodies including Public Health England (PHE).
- There was evidence to suggest the provider was registered with the Health and Safety Executive (HSE), however ongoing improvements needed in keeping up to date with current evidence-based guidance as it relates to record keeping, consent, antibiotic prescribing.
- The system and process to follow up referrals kept patients safe.
- Better management was now in place for staff files, training records and general risk assessments; these were stored on a USB flash drive.

These improvements showed the provider had taken action to improve the quality of services for patients and comply with the regulations when we inspected on 25 August 2021.