

iDental Limited

# iDental – The Medical Centre

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 13 October 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Patients were treated with dignity and respect.
- Staff provided preventive care and supported patients to ensure better oral health.

# Summary of findings

- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patients.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Staff knew how to deal with medical emergencies. Appropriate life-saving equipment was available. Not all emergency medicines were available as per the recommended formulation.
- The practice had some systems to manage risks for patients, staff, equipment and the premises. There was scope to improve these for sharps and Legionella, in order to align them with current guidance and legislation.
- Complaints were dealt with positively and efficiently, but improvements were required to ensure patients knew how to make a complaint.
- The practice had information governance arrangements which required improvements.
- Clinical staff did not consistently provide patients' care and treatment in line with current guidelines.
- Improvements were needed to ensure details of care provided to patients was suitably recorded and stored within the dental records.

## Background

iDental – The Medical Centre is located within the premises of a GP practice in the London Borough of Hammersmith and Fulham and provides private dental care and treatment limited to cosmetic orthodontic outcomes for adults.

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 practice has made reasonable adjustments to support patients with access requirements.

The dental team includes the principal dentist and 1 dental nurse. The practice has 1 treatment room.

During the inspection we spoke with the principal 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:

Sundays from 8am to 8pm

Monday to Saturday by prior arrangement.

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:

- Take action to ensure the availability of medicines in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.

# Summary of findings

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

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</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)**

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

The practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. However, we were told that the Dental Unit Water Lines (DUWLs) had not undergone disinfection or purging as recommended by the dental unit manufacturer for a number of weeks. The dental unit was used once a week leading to a higher risk of water stagnation and bacterial proliferation within the DUWLs, which produce water in an aerosol form. Inhalation of aerosols contaminated with Legionella bacteria can lead to Legionnaires' disease. We were told that there had been an error ordering the waterline treatment agent. Following the inspection, the provider took immediate action to rectify this by treating the DUWLs using the manufacturer's protocol and carried out water quality testing to ensure the treatment was a success.

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, including for agency or locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had no X-ray equipment.

### **Risks to patients**

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. However, we noted that safer sharps were not available, and the risk assessment did not detail the rationale for this or how the risks were mitigated. Following our inspection, the provider sent a new, detailed risk assessment.

Emergency equipment and medicines were available with the exception of oromucosal midazolam (a medicine used to treat prolonged epileptic seizures). Intravenous midazolam and rectal diazepam were available but the provider agreed that they may not have the required skill to deliver this safely in an emergency. The provider took immediate action and ordered midazolam in the appropriate formulation. Improvements were needed to ensure drugs and equipment were checked weekly in line with national guidance. The Automated External Defibrillator and oxygen were checked daily. We were told that emergency drugs and equipment were checked weekly but this was not effectively recorded. Following our inspection the provider increased the frequency of recording checks from a monthly to a weekly basis according to guidance.

# Are services safe?

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

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

## **Information to deliver safe care and treatment**

The patient care records we saw were not complete. We were not assured records were kept securely and complied with General Data Protection Regulation 2018 requirements. In particular, the principal dentist told us that clinical photographs were stored on a mobile telephone device, and patient consent records were on a laptop kept at their home. In addition, study models were stored off-site. The patient management system used at the practice had the facility to upload photographs and documents, but this was not used, so the records did not include all information related to the patient's care and treatment.

We looked at 5 sets of patient care records and noted that the annotations for each patient assessment contained identical information. Within each patient assessment the entries stated that 2 bitewing radiographs were taken. This was not accurate as there was no facility to take radiographs in the practice. In addition, the Basic Periodontal Examination (BPE), Index of Orthodontic Treatment Need (IOTN) and Frankfort-Mandibular Plane Angle scores were identical in each record.

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.

## **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 principal dentist carried out initial assessments which included a basic periodontal examination and soft tissue checks. We were not assured that dental fitness was effectively assessed prior to orthodontic treatment as the dentist relied on patients' self-declarations that they had attended for a dental examination including radiographic assessment with their regular general dental practitioner (GDP). We noted that one patient had undergone extractions of 2 permanent teeth without radiographic pre-operative assessment. Guidance from the College of General Dentistry (CGDent) in Selection Criteria for Dental Radiography states that existing radiographs should be referred to before extraction of teeth and pre-extraction radiographs would be judicious prior to orthodontic extractions. Patient records we viewed indicated that each patient had unfavourable periodontal health due to the presence of plaque retaining factors. We noted that fixed orthodontic treatment was commenced although evidence to demonstrate that periodontal health had been first achieved was not recorded.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health. This included details of the importance of maintaining good levels of oral hygiene during the orthodontic treatment.

### **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 could be made to ensure consent documents were stored appropriately within the patient records.

The intended benefits, limitations, potential risks and possible complications of orthodontic treatments were described within the consent documents. Information on the individuals' responsibility to maintain and have follow-up dental care during and after orthodontic therapy was also included.

### **Monitoring care and treatment**

There were inconsistencies in the information recorded within the dental care records we looked at. For example, they stated radiographs had been taken despite the lack of X-ray equipment at the practice. The provider did not carry out audits of treatment outcomes.

### **Effective staffing**

Staff had the skills, knowledge and experience to carry out their roles. However, the provider was not aware of the Health and Care Act 2022 which required all staff to receive training in learning disability and autism awareness. Following our inspection feedback, the provider and dental nurse carried out training at a level appropriate to their roles.

Newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

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

The service provides orthodontic treatment for mild or moderate misalignment of anterior teeth. The dentist assessed a person's individual suitability to determine if the treatment would be successful. Where treatment was not suitable, the dentist advised them of other options that may be available. Improvements were required regarding communication with patients' GDPs to ensure relevant radiographs and dental health status were shared.

# Are services effective?

(for example, treatment is effective)

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

# Are services caring?

## Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

Staff were aware of their responsibility to respect people's diversity and human rights.

### **Privacy and dignity**

Staff were aware of the importance of confidentiality.

The practice had installed closed-circuit television (CCTV), to improve security for patients and staff. The practice had a policy in place to ensure its appropriate use, although improvements were required because it did not state how long image recordings were retained. A privacy impact statement had not been undertaken. Following the inspection, the provider consulted the Information Commissioner's Office (ICO) and improved the CCTV policy. In addition a Data Protection Impact Assessment was undertaken.

Staff password protected patients' electronic care records and backed these up to secure storage. However, we were not assured that clinical photographs or patient consent forms were stored 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 dentist explained the methods they used to help patients understand their treatment options. These included study models and a mirror.



# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

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

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

### **Timely access to services**

Opening hours were displayed on the practice website, although these differed from the information given during the inspection process. The practice address was not included on the website and there was no exterior signage to indicate that the dental practice was within the GP surgery. The practice telephone line was not always manned but patients were able to leave enquiries on an answerphone which alerted staff by automatic means, and urgent requests managed effectively.

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.

The practice's consent form provided information 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 local dental practices to support urgent access for patients.

### **Listening and learning from concerns and complaints**

We were told that no complaints had been made about the service. However, we were told that the practice would respond to concerns and complaints appropriately. Improvements were required to ensure patients knew how to complain and how to take action if they were not satisfied with the provider response, as protocols and processes were not displayed in the practice, on the consent form or website. Following our inspection, the provider displayed the complaints procedure in the practice.

# 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**

We found that the staff members worked well together. However, improvements were needed to ensure information about patient care was readily available and complete. The inspection highlighted some issues and omissions relating to medical emergency medicines, Legionella control, record keeping and information governance. Following our inspection feedback, the provider took timely action to address the identified shortcomings.

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

### **Culture**

Staff discussed their training needs during meetings held within the GP practice. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence that staff training was up-to date with the exception of autism and learning disability awareness, which was completed following our feedback. We observed a good system designed by the provider which highlighted when mandatory and recommended training was due to be refreshed.

Staff could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

### **Governance and management**

The provider had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. The practice had a clinical governance system in place but some improvements were required. In particular, patient record management was not organised effectively.

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 Legionella or sharps handling.

### **Appropriate and accurate information**

The practice had information governance arrangements which required improvements. In particular we were not assured that patient records were kept securely.

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

Staff gathered feedback from patients and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained through informal discussions and meetings. 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. These included audits of patient care records, disability access, and infection prevention and control. Improvements were required to ensure the infection prevention and control audits are carried out at 6-monthly intervals in line with guidance and the patient care record audit is designed effectively to identify the shortfalls in order to drive improvements.

## 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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</b></p> <p><b>Regulation 17 Good governance</b></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"><li>• The risks associated with dental unit water lines were not regularly reviewed and mitigated.</li></ul> <p>The registered person had systems or processes in place that 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"><li>• A sample of dental care records we reviewed contained inaccurate information.</li><li>• Records were incomplete as images and consent forms were missing.</li><li>• Photographic records and consent form storage did not comply with General Data Protection Regulation 2018.</li><li>• Evidence of dental fitness or suitability for planned treatment was limited because radiographic assessment was not completed.</li></ul>

This section is primarily information for the provider

## Requirement notices

Regulation 17 (1)