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Maldent Dental Practice

Inspection report

34 Malden Road
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Overall summary

We carried out this announced inspection on 22 July 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 are three of the five questions that 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 providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Maldent Dental Practice is in the London borough of Camden and provides predominantly NHS and some private dental treatment to adults and children. NHS services are provided under a General Dental Services (GDS) contract with NHS England (GDS is one of the two contracting routes that have been made available to NHS dentists). The practice is an appointed training practice offering dental foundation training to newly qualified dentists under the supervision of the principal dentist who is the Education Supervisor.

The provider is registered as an individual with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures from one location – 34 Malden Road, NW5 3HH. Additionally, 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.

The building from which services are delivered consists of three floors, including a basement, ground floor, first and second floor. There are four treatment rooms- one in the basement, two on the first floor and one on the ground floor. In addition, there is a separate decontamination room and x-ray area, staff area, toilet, bathroom and a storeroom. At the time of inspection, the second floor was undergoing refurbishment and would be used as an educational suite and staff meeting area.

The practice is accessible by Transport for London underground and bus services and is within easy access to local amenities. Paid and unpaid parking spaces are available near the practice.

The dental team is made up of the principal dentist, two associate dentists, two foundation dentists (FTs), a visiting specialist in dental implants, three dental nurses-one of whom is the lead nurse and two reception staff. They are supported by an operational manager who works for a dental support/compliance organisation.

The practice is open between 9.30am and 5.30pm Monday to Thursday and 9.30am to 2pm on Friday. During out of hours, patients are advised to contact the NHS 111 service in an emergency.

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

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had systems to help them manage risk to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

Summary of findings

- The provider had information governance arrangements.

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

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Take action to ensure worktop surfaces and sinks are replaced in line with guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Take action to ensure all clinicians carry out patient assessments in line with relevant nationally recognised evidence-based guidance.

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 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. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Staff we spoke with knew who led on safeguarding including those who deputised in absences.

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 also had a system to identify adults that were in other vulnerable situations including those who were at risk of female genital mutilation.

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. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. Appropriate personal protective equipment was in use and staff had been fit tested. The provider had systems in place to ensure appropriate fallow (period of time designed to allow droplets to settle and be removed from the air following treatments involving the use of aerosol generating procedures).

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.

Although the practice was meeting the essential requirements of HTM 01-05, we noted that overflows were present in both sinks in surgery one and a small area of the worktop was unsealed. We were confident this would get resolved as refurbishment work was underway at the time of the inspection.

We saw staff had procedures to reduce the possibility of Legionnaire's disease or other bacteria developing in the water systems, in line with a recent professional risk assessment which regarded the practice as "low" risk. All recommendations in the assessment of 25 June 2021 had been actioned and 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 provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The infection control lead carried out infection prevention and control audits twice a year. The latest audit dated 25 June 2021 showed the practice was meeting the required standards in all areas.

Are services safe?

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. The practice had access to a Freedom to Speak Up Guardian and staff felt confident they could raise concerns without fear of recrimination.

The dentists 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 and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at seven staff recruitment records including the most recent recruit in the last 12 months. These showed the provider followed their recruitment procedure.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances.

A professional fire risk assessment was conducted in accordance with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. All recommendations were remedied appropriately. There were designated fire marshals who had received appropriate fire training.

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 dentists 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.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. 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. A sharps risk assessment had been undertaken and was updated annually.

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.

There was a policy for the recognition and management of suspected sepsis including prompts for staff and patient. Sepsis information posters were clearly displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks to make sure they were readily available, within their expiry date, and in good working order.

Are services safe?

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

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

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 dentist 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 written and typed and managed in a way that kept patients safe. We noted that the visiting implant specialist maintained paper-based records for individual implant cases which were not integrated to patients' electronic records. We raised this with the provider who told us action would be taken to ensure patient records are complete and readily available. Electronic and paper-based records we looked at were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems and process for referring patients with suspected oral cancer under the national two-week wait arrangements. The fail-safe system ensured all patients were seen, followed up and appropriate outcome recorded. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The system for ensuring the safety and improper use of NHS prescription stationery needed improving to ensure it was in line with current guidance. On the day of the inspection, we found the storage of prescription pads were not limited or auditable to only those responsible for their use. This was raised with the provider who told us this would be actioned in line with the medicine management policy.

We had no other concerns around the arrangements for managing emergency medicines and prescribing. From the clinical notes we reviewed, we saw that the dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. There were comprehensive risk assessments in relation to safety issues. Staff told us they monitored and reviewed incidents.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be reported via the designated form or live system, investigated, documented and discussed with the rest of the dental practice team to minimise their recurrence. Staff who we spoke with on the day explained the steps involved in reporting incidents.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw evidence of recent alerts which were stored and shared with the team via the staff portal.

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 a visiting clinician 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 practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, local Healthwatch services. They directed patients to these schemes when appropriate.

The principal 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. We reviewed notes/radiographs including the foundation dentists' and found that improvements could be made to ensure the periodontal examination scores were accurately and consistently recorded.

Records we reviewed 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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists 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.

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 dentists assessed patients' treatment needs in line with recognised guidance.

Are services effective?

(for example, treatment is effective)

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Staff new to the practice had received a structured induction programme. We confirmed clinical staff completed the 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 well-led?

Our findings

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

Leadership capacity and capability

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care. The provider demonstrated a transparent and open culture in relation to service user's safety. There was flexible leadership and emphasis on continually striving to improve services offered to patients. Most systems and processes were embedded, and staff demonstrated cohesiveness and responsiveness in such a way that issues identified on the day were remedied appropriately.

As the vice-chair of the Local Dental Committee (LDC), the principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges faced by NHS dentists and were addressing them.

Staff told us they worked closely with the principal dentist who was always available and approachable. We saw the provider had begun implementing effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. They had a clear strategy which reflected the vision and values. This included redefining and rebranding the practice to deliver multifaceted dentistry.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. They had recently joined up with a dental group which offered IT, business strategy/alignment and compliance support to the practice.

Culture

The practice had a culture of high-quality sustainable care.

The team was long-standing and stated they felt respected, supported and valued. They were proud to work in the practice and told us this was their "second family."

Staff discussed their training needs at annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. We looked at a complaint received in February 2021 and found this was handled satisfactorily. The provider was aware of and had arrangements to ensure compliance with the requirements of the Duty of Candour. Staff told us they could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Governance and management

The practice had an overarching governance framework which supported the delivery of their short and long-term strategy as documented in their draft action plan dated 10 July 2021. The principal dentist had overall responsibility for the management and clinical leadership of the practice. The day to day running of the service was maintained by individual staff members who knew their delegated tasks. Staff knew these arrangements and were clear about their roles and responsibilities.

The provider had a system of clinical governance in place which included a suite of policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Are services well-led?

We saw there were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, all staff had received up to date training in fire safety and basic life support and various risk assessments such as health and safety, sharps, fire and electrical safety were undertaken to mitigate risks to patients and staff.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

Quality and operational information, such as NHS Business Service Authority performance information, surveys, audits and external body reviews was used to ensure and improve performance.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. For instance, we saw policies relating to GDPR and CCTV usage.

Engagement with patients, the public, staff and external partners

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

The provider told us they used patient surveys and feedback to obtain staff and patients' views about the service. We saw examples of suggestions from patients relating to the lack of clarity around specific fees for treatment and the practice took a proactive approach to this. Prior to the pandemic, patients were encouraged to complete the NHS Friends and Family Test - a national programme to allow patients to provide feedback on NHS services they have used.

The provider and staff told us there was always ongoing dialogue amongst staff members through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and these were listened to and acted on.

Continuous improvement and innovation

The provider had systems and processes for learning, continuous improvement and innovation.

The practice was also a member of a good practice certification scheme; more information for patients about this was available on their website.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. For example, cycle one of the radiograph audit carried out in 2020 found some errors around positioning and recording. The practice used the results obtained from the first cycle to review their internal processes when taking radiographs which meant that the second cycle of the audit produced improved results which demonstrated learning.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff members undertook other professional development courses.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.