

Dr. Woo Seung Chung

# INE Dental Practice

## Inspection report

316a Malden Road  
New Malden  
KT3 6AU  
Tel:

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### Overall summary

We undertook a follow up focused inspection of INE Dental Practice on 23 November 2022. 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 dental adviser.

We undertook a comprehensive inspection of INE Dental Practice on 25 October 2022 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, responsive and well led care and was in breach of regulations 12, 13, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook immediate enforcement action and the provider's CQC registration to carry on the regulated activities was suspended for a period of 3 months. You can read our report of that inspection by selecting the 'all reports' link for INE Dental Practice on our website [www.cqc.org.uk](http://www.cqc.org.uk). At our follow-up inspection on 23 November 2022, we noted that the provider and staff had completed a significant amount of work to meet our requirements and the period of suspension was terminated on 24 November 2022.

When one or more of the five questions are not met we require the service to make improvements. We did not assess whether the registered provider was providing effective or responsive care on this occasion as no patients had been seen since the enforcement action was taken.

We will inspect again after a reasonable interval, focusing on the areas where improvement was required.

As part of this inspection we asked:

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

### Our findings were:

# Summary of findings

## **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 25 October 2022.

## **Are services well-led?**

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

The provider had made insufficient improvements to put right the shortfalls we found at our inspection on 25 October 2022.

## **Background**

INE Dental Practice is in New Malden within the London Borough of Kingston-upon-Thames and provides private dental care and treatment for adults and children. The practice advised us that the majority of the patients are members of the local Korean community.

There is level 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 the principal dentist, a dental nurse, a receptionist and a practice manager. The practice has 2 treatment rooms.

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

The practice is open:

Monday, Tuesday, Thursday, Friday from 9.30am to 6pm

Saturday from 9.30 to 1.30pm

The practice is closed on Wednesdays

We identified regulations the provider was not meeting. 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

# Summary of findings

Improve the practice's processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, to ensure risk assessments are undertaken and the products are stored 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 well-led?**

**Requirements notice**



# Are services safe?

## Our findings

We found that this practice was providing safe care and was complying with the relevant regulations.

At the inspection on 23 November 2022 we found the practice had made the following improvements to comply with the regulations:

- The practice had implemented effective safeguarding processes to prevent abuse of vulnerable adults and children. The practice's safeguarding policies had been updated on 9 November 2022 and there was now a robust system in place to escalate safeguarding concerns. Information about current procedures were accessible to people who use the service and to staff. Staff had received safeguarding training that was relevant and at a suitable level to their role.
- The practice had infection control procedures which reflected published guidance. The infection control policies including hand hygiene, personal protective equipment and decontamination of instruments had been updated in November 2022. They reflected published guidance and were tailored to the service.
- Improvements had been made to the process for decontaminating used dental instruments. This was now in line with the requirements of the Health and Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) published by the Department of Health.
- We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean. The primary treatment room had been redecorated and although the flooring was not sealed and coved, it had been sanded and varnished to facilitate cleaning.
- We observed that surfaces, drawers and cabinets in the clinical areas were clean. All used single use items and expired materials had now been disposed of.
- The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment carried out on 3 November 2022. Water temperature monitoring was carried out and dental unit waterlines were managed appropriately. In addition, records were in place demonstrating weekly flushing of infrequently used water outlets and the heavy scale deposits on taps had been removed.
- The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The clinical waste bin was stored in a secure area and was locked.
- The practice had a new recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We observed that recruitment checks as required in the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 Schedule 3 were carried out. In particular we saw evidence that the clinical staff were immune to Hepatitis B. The principal dentist was awaiting blood test results to demonstrate immunity.
- We saw that the practice ensured the compressor and autoclave was safe to use and maintained and serviced according to manufacturers' instructions. A gas safety check was carried out in October 2022 and an electrical contractor had tested portable appliances on 3 November 2022. During our inspection on 23 November 2022, an electrical installation condition check was being carried out. The result of this survey was pending.
- A fire risk assessment was carried out in line with the legal requirements on 4 November 2022 and the management of fire safety was effective. Following the recommendations within the risk assessment, the practice had installed emergency lighting, fire detection equipment and additional extinguishers. Fire marshal training had been carried out and records demonstrated fire safety checks were being carried out at suitable intervals.
- The practice had arrangements to ensure the safety of the X-ray equipment, and we saw the required radiation protection information was available, including for handheld X-ray equipment. A Radiation Protection File had been

# Are services safe?

completed with the assistance of an appointed Radiation Protection Advisor. The X-ray equipment had been serviced and performance testing was carried out in line with manufacturer's requirements. The provider was able to demonstrate registration with the Health and Safety Executive for the use of ionising radiation. The provider had confirmed that the laser equipment would not be used.

- The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. The sharps risk assessment accurately reflected systems used within the practice and sepsis awareness was well understood by staff. Sepsis information posters were displayed.
- Emergency equipment and medicines were available and checked in accordance with national guidance. The provider had ensured the Automated External Defibrillator (AED) was fully functional, and medical oxygen was available in a suitable quantity. All emergency drugs were available in accordance with guidance from the National Institute for Health and Care Excellence (NICE) and all equipment recommended by The Resuscitation Council UK had been obtained.
- Staff demonstrated that they knew how to respond to medical emergencies and had completed Basic Life Support. The medical emergency equipment kit also contained written prompts to assist staff in the event of high-pressure emergency situations.
- The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. The practice manager recognised that improvements were needed to ensure risk assessments are carried out for every hazardous substance, and they were working towards achieving this. Hazardous products were stored safely.
- We were unable to view any recent dental care records but we spoke to the provider who had arranged the installation of a digital patient management system which should improve the quality of the records. When we carry out a follow-up inspection, we will look at a sample of records to ensure improvements have been implemented and embedded.
- The practice had a system for referring patients with suspected oral cancer under the national two-week wait arrangements. The practice had also implemented a system to monitor referrals to ensure patients were seen in a timely way.
- The practice had some systems for appropriate and safe handling of medicines. Medicines were stored securely and monitored as described in current guidance. The medicines were broken down from bulk and patient information leaflets were provided. The practice is planning to cease dispensing medication in due course. An antimicrobial prescribing audit had been carried out.
- The practice had a system for receiving and acting on safety alerts.

# Are services well-led?

## Our findings

We found that this practice was not providing well-led care. 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).

At the inspection on 23 November 2022 we found the practice had made the following improvements to comply with the regulations:

- The provider had showed commitment in making the necessary improvements following our previous visit. The leadership and teamwork demonstrated a commitment in delivering safe and high quality care.
- The information and evidence presented during the inspection process was clear and well documented.
- We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. For example, task sheets were apportioned to each member of staff detailing their daily, weekly and monthly responsibilities and duly record them. Staff were valued and respected. They were proud to work in the practice.
- Staff had clear responsibilities, roles and systems of accountability to support good governance and management.
- The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and will be reviewed on a regular basis.
- We saw there were clear and effective processes for managing risks, issues and performance.
- The practice had made improvements to ensure there were systems and processes for learning and continuous improvement. Records were available to demonstrate audits of radiographs had undertaken. We saw evidence that the infection prevention and control audit and disability access audit had been carried out. We will check that audit cycles are embedded at a follow-up inspection.
- The practice had implemented an effective system to store and monitor staff training records. Training certificates, including for safeguarding, basic life support, infection control medical emergencies, fire safety and where applicable, radiography were available for all members of staff.
- Improvements had been made to ensure there was an effective system of clinical governance in place. Policies were updated, detailed and tailored to the service. There were arrangements in place to ensure policies were regularly reviewed. Premises safety checks had been carried out and dental equipment had been serviced
- There were effective systems in place to ensure the ongoing management of risks associated with fire, Legionella, sharps safety, legionella and radiography.
- Improvements had been made to ensure information about substances hazardous to health were available to staff. Further improvements were required to ensure the information was complete.
- The provider had registered as a data processor with the Information Commissioner's Office.
- The principal had carried out continuing professional development and was able to demonstrate an improved awareness of current evidence based guidance. Further improvements were required to ensure full knowledge of important guidance. For example, the provider was unsure about the restrictions on the use of dental amalgam.
- The registered person ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

Some shortcomings related to adequacy of dental care records completion, patient privacy, staff awareness of evidence based guidelines, and robustness of quality improvement and risk management systems, identified at the previous inspection of 25 October 2022, could not be followed up as the practice's registration to undertake regulated activities had been temporarily suspended. No patients had attended for treatment since then.

We will undertake these checks at a subsequent follow-up inspection in the coming months.

## 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>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 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"><li>Dental care records had not been completed following the inspection on 25 October 2022 as the practice's registration to undertake regulated activities had been temporarily suspended. Dental records we checked at our previous inspection were missing details such as medical history updates, radiographic reports, Basic Periodontal Examination (BPE) and documentation of discussions. Some entries had not been written in English in line with current national guidance.</li></ul> <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none"><li>Improvements were needed to demonstrate systems and processes to identify and mitigate risks, and continuous quality improvement were embedded in the practice's governance arrangements.</li></ul>



This section is primarily information for the provider

## Requirement notices

- The practice did not have effective out of hours arrangements to give advice to patients who may require urgent dental care.
- The principal dentist was not aware of some evidence-based treatment guidance.
- Improvements were needed to ensure patient privacy was protected during treatment.

Regulation 17 (1)