Beresford Dental Practice Limited

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Inspection report

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Overall summary

We carried out this announced inspection on 22 November 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 always ask the following three questions:

• Is it safe?

• Is it effective?

• Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Summary of findings

Background

Beresford Dental Practice Ltd is in Wandsworth and provides private dental care and treatment for adults and children.

Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes a dentist and a dental nurse.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers 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 registered manager at Beresford Dental Practice Ltd is the principal dentist.

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

The practice is open

Monday, Wednesday and Friday between 9.00am and 2.00pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had some infection control procedures, but improvements were required.
- Staff knew how to deal with emergencies. Most medicines and life-saving equipment were available; however some items were not available on the day of the inspection.
- Improvements were required to the provider's systems to manage risk to patients and staff.
- There were insufficient assurances that equipment used by staff for sterilising used dental instruments was validated, maintained and used in line with the manufacturers' guidance from July 2021
- The provider could not provide assurances that the X-ray equipment was tested and checked in accordance with current national regulations and guidance.
- Staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had a staff recruitment process.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had some information governance arrangements.
- Risks to the health, safety and welfare of patients and staff were not assessed as part of an ongoing and robust system of governance and management.

We brought our concerns to the attention of the provider and requested urgent action. They voluntarily decided to close the practice for a period of time to make urgent improvements.

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

- Ensure care and treatment is provided in a safe way to patients.

Summary of findings

- 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:

Review the practice protocols regarding 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 asked the following question(s).

Are services safe?	**Requirements notice** 
Are services effective?	**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 Notice 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.

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

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. We saw evidence the dental nurse 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.

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. This included procedures to reduce the spread of COVID-19.

Staff had access to suitable personal protective equipment (PPE) and the waiting area had been designed appropriately to enable social distancing. However, we found that the practice had fit tested staff for masks but did not have any records to confirm which staff had been fit tested.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. *The provider had suitable numbers of dental instruments.* However, there were no records to show equipment used by staff for sterilising used dental instruments was validated, maintained and used in line with the manufacturers' guidance from July 2021. The provider told us that the sterilisation records were on a computer data stick, but none of the staff at the practice were able to retrieve the data on the day of the inspection.

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.

The provider told us they carried out water testing. However, there were no records of these tests. A legionella risk assessment had not been carried out. We spoke to the provider about this and they told us they would make arrangements for a legionella risk assessment to be carried out.

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.

On the day of the inspection the dental nurse carried out an infection prevention and control audit. The audit showed the practice was meeting the required standards. The provider told us they would carry out these audits twice a year going forward.

The provider did not have a whistleblowing policy. The nurse told us they 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 one employee who had been employed at the practice for several years. They understood the need to ensure staff employed had relevant employment checks.

Are services safe?

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

The provider had some evidence of checks on facilities and equipment to check they were safe, for example, there was evidence that the autoclave had been serviced in August 2021. However, there were improvements that were required. There was no five-year fixed wired installation check, the portable appliance testing had not been carried out. There was no general health and safety risk assessments for the dental practice. We spoke to the provider about this and they told us they would ensure all the necessary premises and equipment checks were undertaken.

We saw there was a fire extinguisher in the building and fire exits were kept clear. However, a fire risk assessment had not been carried out in line with the legal requirements. We spoke to the provider about this and they told us they would have a risk assessment carried out.

We saw some evidence the dentist justified, graded and reported on the radiographs they took in the dental care records we were shown. The provider carried out radiography audits following current guidance and legislation; however, improvements could be made to the auditing process to drive continued improvement**.** The provider could not provide assurances that the X-ray equipment was tested and checked in accordance with current national regulations and guidance. They had not registered with the Health and Safety Executive (HSE) and had not appointed a Radiation Protection Advisor (RPA) or a Radiation Protection Supervisor (RPS) as required.

Risks to patients

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.

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.

Staff had a knowledge of the recognition, diagnosis and early management of sepsis.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Most medical emergency equipment and medicines were available as described in recognised guidance. However, there were some gaps, for example there was no medicine to manage seizures, there was no automated external defibrillator (AED), and the practice did not have all the required face masks and airways. We spoke to the provider about this and immediately following the inspection the provider confirmed these items were now available at the practice.

We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

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

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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 typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

Are services safe?

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. 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 provider had systems for appropriate and safe handling of medicines.

The only medicines were those in the medical emergency kit.

The dentists were aware of current guidance with regards to prescribing medicines.

However, antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. Staff told us they would monitor and review incidents.

In the previous 12 months there had been no safety 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.

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

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.

Helping patients to live healthier lives

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

The dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The 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.

Records 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 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. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. They also understood 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.

Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

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.

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.

We saw the dental nurse has had completed the continuing professional development required for their registration with the General Dental Council. There were no records of training undertaken by the dentist on the day of the inspection.

Are services effective?

(for example, treatment is effective)

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 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

The provider did not demonstrate that there were effective systems for leadership and management including oversight, assessment and mitigation of risks and implementation of systems to monitor and improve the service.

Governance and management

We saw there were ineffective processes for managing risks, issues and performance. Risks to the health, safety and welfare of patients and staff were not assessed as part of an ongoing and robust system of governance and management. Risk assessments were either not carried out in accordance with legislation and relevant guidelines. For example; fire safety and the undertaking of regulated activities were not assessed, nor appropriate measures implemented to minimise these risks.

The dentist had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

The provider used patient emails and verbal comments to obtain views from patients about the service.

Continuous improvement and innovation

The practice had some quality assurance processes to encourage learning and continuous improvement. For example, there were audits of radiographs, infection prevention and control. However, there were some gaps, for example there was no Disability Access or antimicrobial prescribing audits. We spoke with the provider about this and they told us that arrangements would be made for the auditing arrangements to be improved.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 12** **Safe care and treatment** The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: 1. There was no fire risk assessment in place 2. There was no legionella risk assessment in place 3. There was no general practice risk assessment 4. A five-year fixed wired installation check had not been undertaken 5. Portable appliances Testing (PAT) had not been carried out Regulation 12 (1)

This section is primarily information for the provider

Enforcement actions

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulation 17 Good governance 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. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: 1.There was no system of checks in place, since July 2021, to give assurance that the autoclave used at the practice was sterilising instruments adequately. 2. There were no records available to confirm that staff had been fit tested for the use of respiratory protective equipment (RPE). 3. There were no assurances that the X-ray equipment was tested and checked in accordance with current national regulations and guidance. 4. Provider had not registered with the Health and Safety Executive (HSE) and had not

This section is primarily information for the provider

Enforcement actions

appointed a Radiation Protection Advisor (RPA) or a Radiation Protection Supervisor

(RPS) as required.

5. There was no COSHH (Control of Substances Hazardous to Health Regulations

2002) folder in place with details of hazardous substances used at the practice.

Regulation 17 (1)