

Marylebone Dental Practice Limited

The Marylebone Dental Practice

Inspection report

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Overall summary

We carried out this announced focused inspection on 29 June 2022 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 adviser.

To get to the heart of patients' experiences of care and treatment, we usually ask five key questions, however due to the ongoing COVID-19 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 questions form the framework for the areas we look at during the inspection.

Our findings were:

- The practice had infection control procedures which reflected published guidance.
- The dental clinic was generally clean. However, improvements could be made in regard to the cleaning of the decontamination room.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided
- The dental clinic had information governance arrangements.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff knew how to deal with medical emergencies. However, improvements were required in regard to the practice having appropriate medicines and life-saving equipment available.
- The practice some systems help them manage risk to patients and staff; however, improvements were required in regard to risks associated with fire and legionella.
- Safeguarding processes were in place, however not all staff had completed safeguarding training.
- There was lack of evidence that all staff had undertaken suitable training in radiography, infection prevention and control and fire safety.

Background

The Marylebone Dental Practice is in Westminster and provides private dental care and treatment for adults and children.

The practice is not accessible for people who use wheelchairs and those with pushchairs. Staff referred patients to other local practices if they were unable to access the building. Car parking spaces are available near the practice.

The dental team includes four dentists, three dental nurses, a dental hygienist and two practice managers. The practice has four treatment rooms.

During the inspection we spoke with two dentists, two dental nurses and both of the practice managers. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5.30pm.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties

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:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

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?	Requirements notice	✗

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 Notices at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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

The practice had a safeguarding policy and some staff knew their responsibilities for safeguarding vulnerable adults and children. However, there was no evidence of safeguarding training for most members of staff. The practice did not have safeguarding information available to remind staff of the action that should be taken in the event of a safeguarding concern.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. However, some improvement was required in regards to the cleanliness of the decontamination room. For example, some of the surfaces were dusty; we spoke to the provider about this and they told us they would make improvements.

The practice had procedures to reduce the risk of legionella or other bacteria developing in water systems, including water testing. However, improvements were required to the legionella risk assessment and the frequency of water testing.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice 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.

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

Some of the equipment used at the practice had been serviced as per recommendations. For example, there was evidence to show the autoclave had been serviced and was scheduled to be serviced again in July 2022. However, the practice did not have a system to ensure electrical appliances were safe to use. They were not able to give us assurance that Portable Appliance Testing had been carried out. We spoke to the provider about this and following the inspection they confirmed that the testing had now been carried out.

The practice did not ensure all facilities were maintained in accordance with regulations. For example, the provider had not undertaken a five-year electrical testing for the premises. The provider told us the gas boiler had recently been checked but they could not provide evidence of this. The provider assured us that arrangements would be made for the necessary improvements.

The provider did not have effective fire safety management procedures. In particular, the fire extinguishers had last been serviced in 2006. They did not have a fire risk assessment completed by a competent person. We spoke with the provider about this and following the inspection they provided evidence that new extinguishers had been ordered and delivered to the practice.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw most of the required radiation protection information was available. However, the practice could not give us assurance that they had registered with the Health and Safety Executive. We also noted that the practice was not using rectangular collimators on their X-ray machines.

Are services safe?

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety.

Some emergency equipment and medicines were available at the practice. However, Glucagon, a medicine to help regulate blood sugar in an emergency had been kept in the fridge, but a record had not been kept of the fridge temperature in line with guidance. The practice did not have an asthma spacer to attach to the inhaler to assist with breathing. The practice had intravenous midazolam instead of buccal midazolam, which is recommended for medical emergency kits. The pads required to use the Automated External Defibrillator (AED) had expired in 2020.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

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. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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 practice had systems to keep dental professionals up to date with current evidence-based practice.

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.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

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 in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took.

Effective staffing

Staff had the experience to carry out their roles and had undertaken training in some key areas, for example basic life support. However, evidence was not available to demonstrate the presence of an induction programme that would prepare staff for their role. In addition, there was lack of evidence to show that staff had undertaken suitable, regular training in other key areas. In particular the provider was not able to give us assurance that all staff had undertaken safeguarding, fire safety, infection control and radiography training.

The practice did not have systems in place to ensure clinical staff had completed continued professional development as required for their registration with the General Dental Council. In addition, we noted lack of a formal system in place for the appraisal and supervision of staff.

The provider told us they would make arrangements for staff to undertake the appropriate training.

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 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 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 practice demonstrated a transparent and open culture; however, there was a lack of leadership and oversight at the practice. In particular, this related to the maintenance of the premises and equipment, and staff training.

Culture

Staff were able to raise concerns and felt respected. However, the practice did not have arrangements for staff to discuss their training needs during annual appraisals.

Governance and management

Improvements were required for the governance system in place. For example, the practice could not give us assurances that they had registered with the health and safety executive for the use of radiographic equipment.

The practice did not have clear and effective processes for managing all risks, issues and performance. For example, the practice did not have fire or legionella risk assessments that had been carried out by competent person.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice 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

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The practice did not have systems and processes in place for learning, continuous improvement and innovation.

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement. The practice had not undertaken audits of disability access; the last radiograph audit had taken place in 2019; there was no infection prevention and control audit that had been completed in accordance with current guidance and legislation for dental practices; and there were no record keeping audits.

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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 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 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">• A legionella risk assessment had not been completed by a competent person. <p>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:</p> <ul style="list-style-type: none">• A radiograph audit had not been undertaken since 2019.• There was no infection prevention and control audit that had been completed in accordance with current guidance and legislation for dental practices.• A disability access audit had not been undertaken. <p>Regulation 17 (1)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 18: Staffing

The registered person had not done all that was reasonably practicable to ensure persons employed by the service provider in the provision of a regulated activities received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. In particular:

- We were not assured that all staff had undertaken training in safeguarding, radiography, infection prevention and control, and fire safety. There was absence of an induction programme that would prepare staff for their role.
- The practice did not have systems in place to ensure clinical staff had completed continued professional development as required for their registration with the General Dental Council.
- There was lack of a formal system in place for the appraisal and supervision of staff.

Regulation 18(2)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 12 CQC (Registration) Regulations 2009
Statement of purpose

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:

This section is primarily information for the provider

Requirement notices

- Fire extinguishers had not been serviced since 2006.
- A fire risk assessment had not been undertaken by a competent person.
- We were not assured that portable appliance testing had been carried out.
- A five year electrical testing of the premises had not been undertaken.
- We were not assured the gas boiler had been serviced.
- The AED pads had expired in 2020.
- There was no asthma spacer to use with the asthma inhaler.
- There was no buccal midazolam in the medical emergencies kit to manage seizures.
- Glucagon was kept in the fridge but there was no recording of the temperature of the fridge.

Regulation 12 (1)