

Dr. Roksana Islam

# Haydons Road Dental Practice

## Inspection report

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Date of inspection visit: 21 September 2021  
Date of publication: 11/10/2021

### Overall summary

We carried out this announced inspection on 21 September 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 questions 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.

# Summary of findings

## Are services well-led?

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

## Background

Haydons Road Dental Practice is in Wimbledon in the London Borough of Merton and provides NHS dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. The practice has a large car park to accommodate patients who visit.

The dental team includes a principal dentist, a foundation dentist, a locum dentist, two trainee dental nurses and a receptionist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. 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.

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

The practice is open:

8.00am to 5.00pm Monday, Tuesday, Wednesday and Thursday

8.00 to 12.00pm Friday and Saturday

## 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 safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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 effective leadership and a culture of continuous improvement.
- 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 had staff recruitment procedures which reflected current legislation. Improvements were required with regards to the storing of this information.
- The provider had information governance arrangements. Improvements were required with regards to the storing of this information.
- The provider had ineffective systems to help them manage risk to patients and staff.

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

# Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

# 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?	Requirements notice	✗

# 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.

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 had introduced procedures in relation to COVID-19 and these were being followed. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. Appropriate PPE was in use and staff had been fit tested.

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. Staff completed infection prevention and control training and received updates as required.

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.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. The risk assessment had recommendations in the assessment which the provider told us they had actioned; however these were not signed off as completed in the documents that we saw. The provider assured us that they would ensure they maintain accurate copies of actions completed for future assessments. 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. Improvements were required with regards to the storage of consignment notes. Clinical waste was collected every three months; however consignment notes for collection were not readily available to assure us waste was collected regularly and as per current national requirements.

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

# Are services safe?

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 information relating to staff recruitment. Records were not maintained in such a way that we could verify the essential checks had been carried out. Individual records were not maintained for each staff member and documents were stored haphazardly. For example, some information was on the principal dentist's email, some information was held on a data stick and some information was in paper format. This meant that documents were not readily available and we were unable to confirm the checks had been completed. Improvements were required to ensure this information was stored in a succinct and orderly manner. By the end of the inspection the principal dentist was able to put together two staff records which demonstrated that the information was available. The principal dentist assured us that they would review this protocol and implement a more effective system.

The principal dentist told us that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover. Documentation to support this was not available but we saw evidence of registration by checking the online GDC register. We saw evidence of the principal dentist's indemnity insurance; however similar documentation was not readily available for other members of staff. Following the inspection this has since been sent to us.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. The provider was not able to provide this information initially as they were not filed in a systematic way. During the inspection they located the documents. Improvements were required to ensure that this information was stored appropriately so that it was readily available.

A fire risk assessment was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear.

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 six months which exceeded current guidance and legislation requirements for annual audits.

Clinical staff completed continuing professional development in respect of dental radiography. Certificates were not available to demonstrate this, but the principal dentist gave us assurances that all staff had completed the training.

## **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.

Staff had completed sepsis awareness training.

# 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.

Emergency equipment and medicines were available as described in recognised guidance. 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 trainee 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.

The practice used a locum dentist. We observed that this staff member had received an induction to ensure they were familiar with the practice's procedures.

## **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.

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.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

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 risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

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 they were shared with the team and acted upon if required.

# 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.

Staff had access to intra-oral cameras to enhance the delivery of care.

### **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. 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.

### **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.

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.



# Are services effective?

(for example, treatment is effective)

Staff new to the practice including locum staff had a structured induction programme. The provider assured us that 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 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**

The principal dentist was knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

Staff told us that the principal dentist was visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

### **Culture**

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

Staff discussed their training needs at an annual appraisals and supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

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

Openness, honesty and transparency were demonstrated when responding to incident. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

Improvements were required to governance procedures.

The principal dentist had overall responsibility for the management and clinical leadership of the and was also responsible for the day to day running of the service. They were unable to demonstrate that they had the capacity to manage the day to day running of the service effectively. Storage and retrieval systems were not in place to ensure that documents such as staff personnel records, staff training details and risk assessments were readily available and accessible.

The provider had a system of clinical governance in place which included policies, protocols and procedures however they were ineffective. The provider was unable to demonstrate that policies, procedures and protocols were readily accessible to all members of staff.

### **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 surveys and comment cards to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

# Are services well-led?

The provider gathered feedback from staff through meetings 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 was a teaching practice and had a foundation dentist and trainee dental nurses. The provider had systems and processes for learning, continuous improvement and innovation.

The practice was also a member of a good practice certification scheme.

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs, disability access, patient satisfaction and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

The principal dentist showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff we spoke with confirmed that they had access to a range of training opportunities outside of the core and mandatory training. We also saw that training was provided consistently in-house by the principal dentist. However, training was not monitored in a way that continuing professional development could be verified.

## 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</b></p> <p><b>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>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none"><li>• Individual staff records were not appropriately maintained and information relating to staff such as immunisation, curriculum vitae, proof of identification and professional indemnity were not readily accessible in an ordered filing system.</li><li>• Training was not monitored in a way that continuing professional development could be verified. Certificates were not readily available, and there was lack of an effective system for verifying that staff had completed relevant training.</li></ul> <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>

This section is primarily information for the provider

## Requirement notices

- Storage and retrieval systems were not in place for documents related to equipment checks, risk assessments and premises checks to ensure these documents were accessible.
- Evidence for the collection of clinical waste was not readily available.
- The action plan in the legionella risk assessment had not been completed so there were no assurances that they had been actioned.

### Regulation 17 (1)