

BRL Dentos Ltd

Diamond Dental and Medical Clinic

Inspection Report

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Overall summary

We carried out a follow- up inspection of this service on 20 March 2017.

We had undertaken an unannounced comprehensive inspection of this service on 18 October 2016 as part of our regulatory functions where breach of legal requirements was found.

After the comprehensive inspection, the practice wrote to us to say what they would do to meet the legal requirements in relation to the breach. This report only covers our findings in relation to those requirements.

We reviewed the practice against three of the five questions we ask about services: is the service safe, effective and well-led?

We revisited the surgery as part of this review and checked whether they had followed their action plan.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Diamond Dental and Medical Clinic on our website at www.cqc.org.uk.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

At our previous inspection we had found that the practice did not have, and implement, robust procedures and processes to ensure that people were protected from abuse and improper treatment. The practice had not assessed the risk of preventing, detecting and controlling the spread of infections and had not undertaken risk assessments to mitigate the risks relating to the health, safety and welfare of patients and staff.

At our inspection on 20 March 2017 we found that this practice was now providing a safe service in accordance with the relevant regulations. The practice had put into place arrangements for infection control, the management of medical emergencies and dental radiography (X-rays). We found that all the equipment used in the practice was properly maintained. Staff received safeguarding training and were aware of their responsibilities regarding safeguarding children and vulnerable adults.

Following our review on the 20 March 2017 we were assured that action had been taken to ensure that the practice was providing a safe service and there were now effective systems in place to assess the risk of preventing, detecting and controlling the spread of infections and provide safe care and treatment.

No action



Are services effective?

At our previous inspection we found the practice was not assessing patients' needs and delivering care and treatment, in line with relevant published guidance, such as from the Faculty of General Dental Practice (FGDP), National Institute for Health and Care Excellence (NICE) Department of Health (DH) and the General Dental Council (GDC).

At our inspection on 20 March 2017 we found that the practice had put into place systems and processes to ensure the dental care provided was evidence based and focused on the needs of the patients. The practice used current national professional guidance including that from the National Institute for Health and Care Excellence (NICE) to guide their practice. Staff had received professional training and development appropriate to their roles and learning needs and were meeting the requirements of their professional registration.

Following our review on 20 March 2017 we were assured that there were now systems in place to provide effective care and treatment in line with current published guidelines.

No action



Are services well-led?

At our previous inspection we had found that the practice had not established an effective system to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors. Policies and procedures were not effective to ensure the smooth running of the service.

Enforcement action



Summary of findings

At our inspection on 20 March 2017 we found that the practice did not have an effective clinical governance system which covered aspects of clinical governance pertinent to dentistry. Systems had not been put into place to demonstrate that these policies and procedures were carried out effectively.

Following our review on 20 March 2017 we did not find evidence which showed that the practice had taken adequate action to ensure that the practice was well-led. The practice did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.

We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

Diamond Dental and Medical Clinic

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out a review of this service on 20 March 2017. This review was carried out to check that improvements to meet legal requirements planned by the practice after our comprehensive inspection on 16 October 2016 had been made. We reviewed the practice against three of the five questions we ask about services:

- Is the service safe?
- Is the service effective?

- Is the service well-led?

The review was carried out by a CQC inspector and a dental specialist advisor.

During our review, we spoke with the registered manager, an associate dentist and a dental nurse. We checked that the provider's action plan had been implemented. We reviewed a range of documents including:

- Infection control procedures
- Legionella risk assessment
- Continuing Professional Development (CPD) training certificates
- Disclosure and Barring Service (DBS) checks
- Practice policies and procedures
- Audits such as infection control

Are services safe?

Our findings

Reporting, learning and improvement from incidents

At our inspection on 20 March 2017 we found the practice had updated the incidents and accident reporting procedure. The practice had an accident book. All staff we spoke with were aware of reporting procedures including recording them in the accident book. The practice had updated the Control of Substances Hazardous to Health, 2002 Regulations (COSHH) folder. The practice had a policy in place for Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) and staff we spoke with understood the requirements of COSHH and RIDDOR.

Staff were aware of their responsibilities under the Duty of Candour. The practice had a policy on the Duty of Candour. [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

We saw evidence which showed that all staff had completed training in safeguarding adults and child protection.

Staff told us that a rubber dam was routinely used for root canal treatment in line with guidelines issued by the British Endodontic Society (A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the rare occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured).

The registered manager told us that the practice had systems in place to receive and act upon patient safety alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA) and other external organisations. However, staff were not able to provide evidence or examples alerts received.

Medical emergencies

The practice had suitable emergency resuscitation equipment in accordance with guidance issued by the Resuscitation Council UK. Oxygen and manual breathing aids were available in line with the Resuscitation Council UK guidelines. The practice had an external defibrillator. However, we noted that the defibrillator was manual rather than automated and not all staff were aware of how to use it effectively. (An automated external defibrillator (AED) is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm).

Staff were aware of where medical equipment was kept and knew how to respond if a person suddenly became unwell. Staff told us they were confident in managing a medical emergency. We saw evidence that all members of staff had completed training in emergency resuscitation and basic life support.

Staff recruitment

We noted that the practice had recruited new members of staff. The practice carried out Disclosure and Barring Service (DBS) checks for some members of staff. [The Disclosure and Barring Service carries out checks to identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable. Immunisation records were available for all members of staff. However, we observed the immunisation records for one clinical member of staff was not in English and we could not determine if staff member was appropriately immunised. The practice did not have evidence of immunisation for one clinical member of staff.

We did not see evidence of DBS checks for one clinical member of staff. The practice did not have references for four clinical members of staff and identity checks and eligibility to work in the United Kingdom, where required, were not carried out for three clinical staff members. We asked the registered manager for this information and it could not be provided. The practice had a recruitment policy and we noted the practice did not follow its recruitment policy in order to obtain adequate immunisation and DBS checks.

Infection control

At our inspection on 12 October 2016 we found the practice now had effective systems in place to reduce the risk and spread of infection. The practice had in place robust

Are services safe?

infection control procedures. The practice had employed a dental nurse. The dental nurse described the process for cleaning and decontaminating dental instruments and procedure were in line with guidance issued by the Department of Health, namely 'Health Technical Memorandum 01-05 -Decontamination in primary care dental practices (HTM 01-05)'.

We saw that the dental treatment room, waiting area, reception and toilet were clean, tidy and clutter free. Clear zoning demarking clean from dirty areas was apparent in the treatment room. Hand washing facilities were available and hand washing protocols were also displayed appropriately in various areas of the practice. The drawers of the treatment room were inspected and these were clean, ordered and free from clutter. The treatment room had the appropriate routine personal protective equipment available for staff use, this included protective gloves and visors. However, we observed the toilet was visibly unclean. We discussed this with the registered manager who was responsible for the cleaning of the practice.

Staff described to us the end-to-end process of infection control procedures at the practice. They explained the decontamination of the general treatment room environment following the treatment of a patient. They demonstrated how the working surfaces, dental unit and dental chair were decontaminated. The practice carried out decontamination in a separate decontamination room. The dental nurse demonstrated the process for cleaning, inspection, sterilisation, packaging and storage of instruments which followed a well-defined system of zoning from dirty through to clean.

The practice used a system of the ultrasonic bath and manual cleaning for the initial process, following inspection with an illuminated magnifier they were placed in an autoclave (a device for sterilising dental and medical instruments). When instruments had been sterilised, they were pouched and stored until required. All pouches were dated with an expiry date in accordance with current guidelines. We were shown the systems in place to ensure that the autoclave used in the decontamination process was working effectively. It was observed that the log books used to record the essential daily and weekly validation checks of the sterilisation cycles were always complete and up to date.

The dental water lines were maintained to prevent the growth and spread of Legionella bacteria (legionella is a term for particular bacteria which can contaminate water systems in buildings) they described the method they used which was in line with current HTM 01 05 guidelines. We saw that a Legionella risk assessment had been undertaken in November 2016.

Equipment and medicines

We found the practice had appropriate service arrangements in place to ensure equipment was well maintained. There were service contracts in place for the maintenance of equipment such as the autoclave which was serviced in 2017. The practice had two compressors which had not been serviced. Following our inspection the practice sent us confirmation that the compressors would be serviced on 06 April 2017.

Are services effective?

(for example, treatment is effective)

Our findings

At our inspection on 20 March 2017 we observed medical histories were updated in the dental care records that we checked. This was followed by an examination covering the condition of a patient's teeth, gums and soft tissues and the signs of oral cancer. Patients were made aware of the condition of their oral health and whether it had changed since the last appointment.

Staff told us dental care records were updated with the proposed treatment after discussing treatment options with the patient. A treatment plan would be given to each patient and this included the cost involved. Patients would then be monitored through follow-up appointments and these were scheduled in line with their individual requirements.

The dentist explained that they would record details of the condition of the gums using the basic periodontal examination (BPE) scores and soft tissues lining the mouth. [The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums]. These would be carried out where appropriate during a dental health assessment.

We observed that in one dental care record that we checked the patient had an extraction and it was not recorded which tooth had been extracted. The practice had not undertaken a record keeping audit.

Staff told us patients were given oral hygiene advice. Improvements could be made to ensure that the practice had health promotion information such as smoking cessation, toothbrushing and caring for children's teeth.

Staffing

There was an induction and training programme for staff to follow which ensured they were skilled and competent in delivering safe and effective care and support to patients. The induction programme - included training on health and safety, infection control, disposal of clinical waste, medical emergencies, COSHH and confidentiality. We saw records which showed that the dental nurse had completed induction in November 2016.

We reviewed the training records for all members of staff. We noted that opportunities existed for staff to pursue continuing professional development (CPD). There was

evidence to show that all staff members were up to date with CPD and registration requirements issued by the GDC. Staff had completed training in infection control, fire safety, consent, complaints handling and information governance.

The practice had a policy and procedure for staff appraisals to identify training and development needs. Staff showed us the practice training policy which used appraisals to identify staff's individual training needs. We saw records which showed that the dental nurse had an appraisal in December 2016.

Working with other services

The dentists were able to refer patients to a range of specialists in primary and secondary services if the treatment required was not provided by the practice. The practice used referral criteria and referral forms developed by other primary and secondary care providers such as oral surgery and orthodontic providers. This ensured that patients were seen by the right person at the right time.

Consent to care and treatment

At our inspection we found the practice was now following its policy to gain consent for treatment. The dentist explained how they implemented the principles of informed consent; they had a clear understanding of consent issues. They stressed the importance of communication skills when explaining care and treatment to patients to help ensure they had an understanding of their treatment options. Staff told us patients were given time to think about the treatment options presented to them. Staff told us individual treatment options, risks and benefits and costs were discussed with each patient who then received a detailed treatment plan and estimate of costs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Some staff had received formal training on the MCA. However, staff we spoke with did not demonstrate an understanding of the principles of the MCA and how this applied in considering whether or not patients had the capacity to consent to dental treatment. This included assessing a patient's capacity to consent and when making decisions in a patient's best interests.

Are services effective?

(for example, treatment is effective)

Following our review on 20 March 2017 we were assured that action had been taken to ensure that the practice was effective because there were now systems in place to provide effective care and treatment in line with current published guidelines.

Are services well-led?

Our findings

At our inspection on 20 March 2017 we found that this practice was not providing well-led care in accordance with the relevant regulations.

We noted that the practice had updated policies and procedures such as the Duty of Candour, referrals for specialist services and staff meetings. However, the practice did not comply with its policies and procedures.

We saw records which showed that the practice sought patients' views through the practice patient satisfaction survey. We reviewed 20 CQC comment cards completed by patients in the two weeks prior to our inspection. Patients were complimentary of the care, treatment and professionalism of the staff and gave a positive view of the service. Patients commented that the team were courteous, friendly and kind.

We noted that the practice submitted an action plan following our previous inspection on 18 October 2016. The registered manager told us five dentists had been employed at the practice. At our inspection on 20 March 2017 we found that four of these dentists no longer worked at the practice.

At our previous inspection the registered manager told us implants were not provided at the practice. On 20 March 2017 we reviewed the practice appointment book and found that dental implants were provided at the practice. We asked to see the dental care records for the patients who had implant treatment and this information could not be provided. The registered manager told us the dental care records had been locked away by the dentist performing the implants and these records could not be accessed.

Following our previous inspection the practice had employed a dental nurse. We noted that the practice currently employed five dentists. We asked the registered manager to explain how the dental nurse would provide support to several dentists who may be providing dental treatment at the same time. The registered manager told us only one dentist would be working at the practice at any given time. We checked the practice appointment book to verify this. We found that there were dates when two or three dentists were providing dental treatment at the same time. We observed this treatment included dental implants which require effective control of infection and principles of

aseptic technique in line with guidance issued by the Faculty of General Dental Practice Training in Implant Dentistry 2012. The practice could not provide evidence of how they ensured this when dental implants were being placed.

The registered manager told us the name of the associate dentist who was providing dental implants. We noted that the dentist was practicing with conditions from the General Dental Council (GDC). We noted that one of the conditions was practicing under supervision of a workplace supervisor. We did not see evidence to show that when dental implants were being placed this was under the supervision of a workplace supervisor. We checked the CPD log for the dentist placing implants. It did not contain evidence of training for dental implant surgery in line with guidance issued by the Faculty of General Dental Practice Training in Implant Dentistry 2012. There was no record of a detailed portfolio of training, courses attended, any mentoring they had received, and all the implants they had placed and/or restored, together with the outcomes.

The practice did not follow its recruitment policy. We checked the recruitment records for all new members of staff at the practice. We found immunisation records for one clinical member of staff was in Italian. We could not determine if this member of staff was immunised as the records were not in English. The practice had did not have evidence of a DBS check for one clinical member of staff. The practice did not have references for four clinical members of staff and identity checks and eligibility to work in the United Kingdom, where required, were not carried out.

One of the dental care records we checked was recorded in Polish and transcribed into English. The records that had been transcribed were brief and it was not clear why some of the treatment had been undertaken. The registered manager told us a translation service was used or he would transcribe the dental care records. The practice did not ensure all dental care records were clear, legible, accurate, and could be readily understood by others. This is not in line with guidance issues by the GDC Standards for the Dental Team 2.1.2 which states dental professionals should be sufficiently fluent in written and spoken English to communicate effectively with patients, their relatives, the dental team and other healthcare professionals.

One of the dental care records we checked recorded that the patient had an extraction. However, it did not state

Are services well-led?

which tooth had been extracted. At our previous inspection we identified inadequate record keeping at the practice. The practice had not carried out a record keeping audit with a view to improving the standard of record keeping.

The practice had not undertaken an X-ray audit. We noted that the practice took more orthopantomograms (OPG) than other intra-oral X-rays. An OPG (or orthopantomogram) is a rotational panoramic dental radiograph that allows the clinician to view the upper and lower jaws and teeth. It is normally a 2-dimensional representation of these. The practice did not have a protocol that detailed the risk assessment taken to determine when and what type of X-rays should be taken.

The registered manager told us they organised staff meetings to discuss key governance issues and staff training sessions. We saw records of agendas for staff meetings in the last six months on topics such as medical emergencies, health and safety, data protection, the safe handling of sharps and infection control. However, no minutes were recorded showing the discussions held on the various topics.

In summary, following our review on 20 March 2017 we did not find evidence which showed that the practice had taken adequate action to ensure that the practice was well-led. The practice did not have effective systems in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of patients, staff and visitors.