

Dental Centre 100

# Dental Centre

## Inspection report

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### Overall summary

We undertook a focused follow up inspection of Dental Centre on 7 July 2021. 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 remotely by a specialist dental advisor.

We undertook a comprehensive inspection of Dental Centre on 9 December 2020 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 or well led care and was in breach of regulation 12 and regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can read our report of that inspection by selecting the 'all reports' link for Dental Centre on our website [www.cqc.org.uk](http://www.cqc.org.uk)

When one or more of the five questions are not met we require the service to make improvements. We then 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:**

#### **Are services safe?**

We found this practice was providing safe care in accordance with the relevant regulations.

# Summary of findings

The provider had made improvements in relation to the regulatory breaches we found at our inspection on 9 December 2020.

## Are services well-led?

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

The provider had made improvements to put right the shortfalls and had responded to the regulatory breaches we found at our inspection on 9 December 2020.

However, further improvements were still required to ensure these changes were embedded.

## Background

Dental Centre is located in the London Borough of Hammersmith & Fulham and provides NHS and private dental care and treatment for adults and children.

Car parking spaces are available in surrounding roads and the practice is located close to public transport links. The practice has one treatment room located on the first floor.

The dental team includes two dentists, one dental nurse and a practice manager.

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 one dentist, dental nurse 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 to Friday 9am - 5pm

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- Staff training, performance and development needs were now monitored appropriately.
- Improvements had been made to ensure patient referrals were monitored and followed up.
- Staff recruitment procedures had been improved to ensure that checks were carried out consistently for all staff at the time of recruitment.
- Improvements had also been made to the information governance arrangements, identification and mitigation of risks to staff and patients, requirements related to the Control of Substances Hazardous to Health Regulations 2002 (COSHH), safety of the premises and equipment in use, and to the completion of dental care records. However, in all of these areas further improvements were still required.
- An Infection Prevention and Control (IPC) audit had been completed as required. Improvements were needed to the infection control monitoring systems to ensure the decontamination of used dental instruments is carried out in accordance with current guidelines.

# Summary of findings

- The system implemented to monitor medicines and life-saving equipment, failed to ensure that all medicines were replaced once the use-by date had passed.
- A Disability Access audit had not been carried out.
- There was ineffective leadership and a lack of management oversight for the day-to-day running of the service.

We identified regulations the provider was not complying with. 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:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- 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?**

**No action**



**Are services well-led?**

**Requirements notice**



# Are services safe?

## Our findings

Janwedwe saWe found this practice was providing safe care in accordance with the relevant regulations.

At our previous inspection on 9 December 2020 we judged the practice was not providing safe care and was not complying with the relevant regulations.

We told the provider to take action as described in our warning notice. At the inspection on 7 July 2021 we found the practice had made some improvements to comply with the regulations.

The provider had an infection prevention and control policy. On the day of the inspection we noted that the dental nurse did not follow guidance as set out 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.

There were ineffective arrangements to monitor and oversee the decontamination process to ensure that dental instruments were decontaminated and sterilised appropriately. Staff were not ensuring that the instruments were scrubbed while immersed under water, there was no separate receptacle set up to rinse the instruments and the daily checks to the equipment used to sterilise the dental instruments had not been carried out as required.

The provider had some systems in place to minimise the risks associated with the transmission of Covid-19. On the day of the inspection we discussed the fallow time allowed (the time allowed between patients to ensure any aerosols generated have dispersed) following an aerosol generating procedure (AGP). The practice had not carried out a robust assessment of the clinical environment, considering the size of the area and sources of ventilation to accurately calculate the fallow time.

We saw the practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems in the form of a risk assessment. There was however a lack of managerial oversight of these systems. We looked at the risk assessment dated 15 April 2021 and noted that there were a number of areas where risks had been highlighted. Some of these improvement had been actioned, including the removal of the dead-leg pipework and the implementation of a system for disinfecting the dental unit waterlines.

The practice did not have a plan in place to mitigate the ongoing risks until such time as the remaining remedial works had been carried out. A system for monitoring the temperature of hot and cold water from the sentinel taps had also been introduced, however, it highlighted a risk that had not been mitigated. On the day of the inspection we saw records that indicated the monitoring of the water temperature was being carried out on a daily basis and was last recorded on the 20 June 2021. The provider has since informed us they have changed their protocols and this is now being carried out on a monthly basis.

An infection prevention and control audit had been carried out on 9 February 2021 and was available on the day of the inspection. A system had been implemented to ensure these were carried out every six-months as required. The systems in place for monitoring the infection control procedures were not robust in that they did not highlight that the decontamination of used dental instruments was not carried out in accordance with current guidelines. The provider had implemented staff recruitment procedures to help them employ suitable staff. We looked at the record of a recently recruited staff member. These showed that the relevant checks had been carried out as required.

Improvements had been made by the provider to ensure facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. A monitoring system had been introduced to ensure these would be serviced in the future. On the day of the inspection we noted the fixed-wire electrical installation testing and the portable appliance testing (PAT) for the small electrical devices, had been carried out.

# Are services safe?

Improvements were still needed to ensure all equipment for example the equipment used to heat the water was maintained according to manufacturer's guidance..

A fire risk assessment was carried out on 8 January 2021, in line with the legal requirements. Improvements had been made to the protocols for managing risks associated with fire, as detailed in a risk assessment. Further improvements were still needed to ensure these monitoring protocols were maintained consistently. For example, the weekly fire extinguisher checks were last recorded on the 24 March 2021, the fire alarm inspection log was last recorded on the 5 May 2021. On the day of the inspection we saw fire drill records that showed these were being carried out on a monthly basis from January to May 2021. The provider has since informed us they are now carrying out these checks on a six-monthly basis.

The provider had implemented some changes, however, we found risk assessments were not reflective of current protocols and were not reviewed regularly to help manage potential risks. We were told a Health and Safety risk assessment had been carried out in February 2021; however, this was not available to review on the day of the inspection.

An undated sharps risk assessment was available on the day of the inspection; however, it was not reflective of the current protocols at the practice, nor did it consider all risks.

A risk assessment had been carried out for when staff worked alone; however, improvements were needed as this was not practice specific nor reflective of the current practice protocols.

A system to monitor the emergency equipment and medicines had been implemented, however, it was ineffective at ensuring the equipment and medicines were available as required. For example, the medicine used to treat epileptic seizures had not been replaced once the use-by date had passed.

The temperature of the fridge used for storing medicines was now monitored regularly.

On the day of the inspection, we checked the COSHH folder. Improvements had been made to ensure risk assessments had been carried out for each material. Further improvements could still be made to the way the information was stored, to ensure staff could access important information quickly in the event of an incident.

Improvements had been made to the Information Governance arrangements. A General Data Protection Regulation (GDPR) policy was in place and the registration with the Information Commissioner's Office (ICO) was up to date. Further improvements were still needed to the Closed-Circuit TV (CCTV) policy as this did not reflect the current practices nor was a privacy impact assessment in place in relation to the use of CCTV. There was no information for patients to consider in relation to the purpose for use, length of time data is kept, how it is stored and who has access to this information.

A system had been implemented when referring patients, to check that the referral had been received or that the patient had been called for assessment or treatment.

The provider had systems for appropriate and safe handling of medicines, however they should consider carrying out an antibiotic prescribing audit to monitor prescribing procedures.

The practice manager described the system that had been implemented for receiving and acting on safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency (MHRA), the Central Alerting System (CAS) and other relevant bodies, such as Public Health England (PHE).

# 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 our previous inspection on 9 December 2020 we judged the provider was not providing well led care and was not complying with the relevant regulations. We told the provider to take action as described in our warning notice. At the inspection on 7 July 2021 we found the practice had made improvements to comply with the regulations; however, further improvements to the managerial oversight at the practice were needed.

The practice did not have effective governance systems for governance in relation to the management of risks. The practice did not have robust systems in place for recognising, assessing and mitigating risks in areas such as lone working, sharps or infection prevention and control. Where risks had been highlighted and recommendations made in risk assessments and monitoring protocols implemented, there were no systems in place to ensure these were being carried out regularly. This included, for example Legionella and fire risk assessments.

Reviews and audits were not carried out to effectively monitor the service in areas such as disability access and risk management. Improvements had been made to ensure comprehensive records were maintained in respect of each service user, however the provider should consider re-auditing records when concerns were highlighted to ensure continued improvement.

On the day of the inspection we saw a system had been started to monitor staff learning and development, that included the 'highly recommended' training as per General Dental Council professional standards. Improvements were needed to ensure this information updated regularly and available for all staff.

## 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>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.</b></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</p> <ul style="list-style-type: none"><li>• The risks relating to Legionella and fire safety had not been properly mitigated, nor the monitoring processes adequately embedded.</li><li>• The systems in place for assessing and mitigating risks were not always available, practice specific nor reflective of current protocols. These included risks relating to Health and Safety, management of sharps and the risks to staff when working alone.</li><li>• The information relating to the storage and handling of hazardous substances was not organised in a way so as to make it easily accessible in the event of an emergency.</li><li>• The system for staff supervision to ensure the decontamination of dental instruments was being carried out in accordance with current guidelines was not effective.</li><li>• Not all equipment had been serviced and maintained according to manufacturer's guidelines, in particular the equipment used to heat water.</li><li>• The system for monitoring the medicines and medical emergency equipment failed to ensure medicines were replaced once their use-by date had passed.</li></ul>



## Requirement notices

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:

- The CCTV policy did not accurately reflect the current protocols and there was no privacy impact assessment in place in relation to the use of CCTV.
- Disability Access audits were not completed, and we did not see evidence of previous audits undertaken at the practice.

Regulation 17 (1)