

Dr. Azad Beck

# Askew Dental Care

## Inspection report

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### Overall summary

We carried out this announced inspection on 27 October 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.

##### **Are services well-led?**

# Summary of findings

We found this practice was providing well-led care in accordance with the relevant regulations.

## Background

Askew Dental Care is in Shepherds Bush in the London Borough of Hammersmith and Fulham and provides NHS and private dental care and treatment for adults and children.

There is ramp access to the practice for people who use wheelchairs and those with pushchairs.

The practice is located close to public transport links and car parking spaces are available near the practice.

The dental team includes two dentists, one hygienist, one trainee dental nurse 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.

Due to the number of patient appointments scheduled with the principal dentist on the day of the inspection, and to minimise disruption to the practice appointment schedule, we carried out a video call with the principal dentist ahead of the inspection and discussed practice protocols and procedures.

On the day of the inspection we spoke with the principal dentist, the trainee dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday from 9.00am to 5.30pm

Friday from 9.00am to 4.00pm

## 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 provider had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- 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 information governance arrangements.
- Improvements were needed to the systems to help the provider manage risks to patients and staff.

# Summary of findings

There were areas where the provider could make improvements. They should:

- Review the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular risks relating to the handling and disposal of dental sharps, fire and gas safety.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.

# 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?	No action	✓

# 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 and these were reviewed regularly. 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 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 staff carried out manual cleaning of dental instruments prior to them being sterilised. 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. However, a system could be introduced to ensure instruments were kept moist, in line with HTM 01-05 guidance, if there was a delay in carrying out the decontamination.

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 the provider had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. These were in line with an updated risk assessment, carried out on 7 October 2021. Though not all recommendations in the assessment had been actioned, the provider had a plan in place to ensure necessary remedial action was taken. Records of water testing and dental unit water line management were maintained. Improvements were needed to the protocols to ensure the product used to maintain the dental unit waterlines (DUWLs) was used according to the manufacturer's guidance to ensure its efficacy.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The principal dentist described the procedures in place in relation to COVID-19. Additional standard operating procedures had been implemented to protect patients and staff from coronavirus. These included social distancing and screening measures which had been implemented. We saw evidence that personal protective equipment was in use. Clinical staff, we spoke with told us they had been fit tested for filtering facepiece masks (FFP).

The principal dentist told us there were arrangements for fallow time (period of time allocated to allow aerosol to settle following treatments involving the use of aerosol generating procedures or AGPs) and cleaning the treatment room.

# Are services safe?

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

The provider carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards. Audits should be carried out on a six-monthly basis in accordance with HTM 01-05 guidance; the provider told us they had carried out the audits at this interval in the past, however, records available on the day of the inspection showed they were currently being carried out annually.

We saw evidence staff undertook infection prevention and control training at regular intervals and topics such as this were discussed at team meetings.

The provider had a whistleblowing policy, and which was reviewed regularly. Staff 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.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at five staff recruitment records. These showed the provider followed their recruitment procedure.

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

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. The exception to this was the gas installation assessment. On the day of the inspection there were no records available to demonstrate this had been carried out. The provider assured us this would be carried out as a matter of priority.

A fire risk assessment was carried out in October 2021 in line with the legal requirements. We discussed with the principal dentist that any risks highlighted during the assessment must be actioned, as on the day of the inspection we noted some actions, such as the installation of emergency lighting were still outstanding. The provider told us a plan was in place to have these installed in the next two weeks.

We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. The provider had systems in place to monitor the fire detection equipment; however, improvements were needed to ensure the fire alarm was serviced as required. There was no evidence that the staff carried out fire safety and fire marshal training.

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. We noted, however that the provider could adopt the new grading system when recording radiographs within patient dental care records.

The provider carried out radiography audits every year following current guidance and legislation. The audits included outcomes and any improvement opportunities.

Clinical staff completed continuing professional development in respect of dental radiography.

## **Risks to patients**

The provider had implemented systems to assess, monitor and manage risks to patient safety; however, on the day of the inspection we found some improvements could be made. For example, there was no risk assessment in place for when staff worked alone.

# Are services safe?

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. Improvements were needed to the protocols to ensure staff followed the relevant safety regulation when using needles and other sharp dental items. On the day of the inspection we noted the trainee dental nurse handled and disposed of the dental sharps; the risks around this had not been suitably considered and mitigated. A sharps risk assessment had been undertaken that included information relating to the use of needles; however, improvements were needed to ensure it reflected the current protocols at the practice and considered risks from all forms of sharps. The principal dentist confirmed they would update the protocol and improve the risk assessment.

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.

Sepsis prompts for staff and information posters were not displayed. We discussed the advantages of undertaking training to ensure all staff were able to triage patients correctly.

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 the Resuscitation Council UK 2021 guidelines. 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 dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

On the day of the inspection, we saw the provider had some risk assessments and information available in relation to the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Improvements could be made to ensure the information was available for all materials.

## **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. Improvements to the referral monitoring process were needed so staff followed up with referrals made and ensured patients were seen in a timely manner.

## **Safe and appropriate use of medicines**

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

The introduction of a monitoring system was needed for NHS prescription pads to ensure they were monitored as described in current guidance.

We noted that the provider did not undertake regular audits of antimicrobial prescribing.

# Are services safe?

There was no system in place to ensure all dental materials were disposed of immediately after use if designed for single-use. We found, in the upstairs surgery, some used single-use K:files, for use when carrying out root canal treatment, were labelled with the patient's name and we could not be assured these would not be re-used. We raised this with the provider and they told us they would implement a system to monitor this.

## **Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. Staff monitored and reviewed incidents and 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 principal dentist described the systems in place 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.

### **Helping patients to live healthier lives**

Some of 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 principal 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 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 (MCA). 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 resulting action plans.

### **Effective staffing**

Overall, we found staff had the skills, knowledge and experience to carry out their roles.

### **Co-ordinating care and treatment**

# Are services effective?

(for example, treatment is effective)

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. On the day of the inspection, we noted improvements to the referral monitoring process were needed so staff followed up with referrals and ensure patients were seen in a timely manner.

# Are services well-led?

## Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

### **Leadership capacity and capability**

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care.

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. They were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### **Culture**

The practice had a culture of high-quality sustainable care.

Staff stated they felt respected, supported and valued. They told us they really enjoyed working at the practice and that the principal dentist was very supportive.

Staff discussed their training needs at an annual appraisal and at bi-annual meetings. They also discussed learning needs, general wellbeing and aims for future professional development.

The staff focused on the needs of patients.

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. 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**

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

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

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

### **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 encouraged verbal and online comments to obtain staff and patients' views about the service.

# Are services well-led?

The provider 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 provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of disability access, patient care records and infection prevention and control.

The principal dentist valued the contributions made to the team by individual members of staff. This was evident from the discussions we had with the team.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.