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Dental Surgery

Inspection report

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Overall summary

We carried out this announced focused inspection on 5 August 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 dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place 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.
- Staff felt involved and supported and worked as a team.
- There were effective arrangements in place to ensure that all dental equipment was safe for use.
- The practice had some systems to help them manage risk to patients and staff. However, improvements were needed to ensure that there were effective arrangements for the ongoing management and mitigation of fire risks.

Summary of findings

- Improvements were needed for ensure that NHS prescription pads were stored securely and there were systems in place to track and monitor their use.
- The practice had staff recruitment procedures which broadly reflected current legislation. Improvements could be made to ensure that necessary recruitment checks, including obtaining satisfactory evidence of conduct in previous employment, were undertaken at the time of staff's commencement of employment with the provider.
- There was effective leadership and the practice demonstrated a culture of continuous improvement. Improvements could be made to ensure that annual appraisal of staff were carried out.

Background

Dental Surgery is in Wembley, in the London Borough of Brent, and provides NHS and private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes the principal dentist, one qualified dental nurse, three trainee dental nurses, who also carry out reception duties, and one part-time hygienist. The practice has two treatment rooms, a combined reception/waiting area and a separate decontamination room.

During the inspection we spoke with the dentist, the qualified dental nurse and one trainee dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Thursday 9am to 5pm.

Friday 9am to 3pm.

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 College of General Dentistry (CGDent).
- Improve the practice's recruitment procedures to ensure appropriate checks are completed prior to new staff commencing employment at the practice.
- Improve and develop the practice's current performance review systems and have effective processes established for the ongoing assessment of all staff.
- Take action to implement any recommendations in the practice's fire safety risk assessment and ensure ongoing fire safety management is effective.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

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.

On the day of inspection, we observed the flooring in treatment room 1 was not coved to the wall to prevent the accumulation of dirt where the floor meets the wall. The basin in the same room had an overflow. Additionally, there was a rug at the entrance to the treatment room and the window had venetian blinds which were not easily cleanable.

Following the inspection, the provider told us that they had instructed their builders to change the flooring in line with the national guidance. Furthermore, the provider confirmed that the rug and the venetian blinds had been removed.

On 31 August 2022 we received photographic evidence that the flooring in treatment room 1 had been replaced and it was now coved to the wall.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

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 broadly reflected current legislation. We looked at five staff recruitment records. Improvements could be made to ensure that evidence of satisfactory conduct in previous employment was obtained for all staff at the time of commencement of their employment with the provider. We noted that this had not been requested for the dental nurse and the three trainee dental nurses.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

We saw that there were fire extinguishers available, fire drills had been undertaken and the fire exits were kept clear. A fire risk assessment carried out on 30 July 2022, was available for review on the day of inspection. Several recommendations, including the installation of emergency lighting and a fire alarm system, improvements to compartmentation within the ceiling void and smoke seals had been made. The provider had taken steps to address the recommendations requiring immediate action.

A fire risk assessment completed on 30 January 2019 was also available for review. However, this had not identified the issues highlighted in the more recent fire risk assessment and it was not carried out by a person with the qualifications, skills, competence and experience to do so.

Furthermore, the provider did not have records to indicate that the smoke detectors were tested regularly, and that in-house visual checks of the fire-extinguishers had been carried out. Improvements could be made to the processes for managing risks associated with fire to ensure they were effective.

Are services safe?

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety, sepsis awareness and lone working. Improvements could be made to ensure that the sharps risk assessment included all types of sharps used within the practice, including scalpels, endodontic files and bone, and the practice specific control measures to mitigate the risks associated with these.

Emergency equipment and medicines were available and checked in accordance with national guidance. On the day of inspection buccal Midazolam (an emergency medicine to treat epileptic seizures) was not available. The provider took immediate action and obtained the missing medical emergency drug on the same day before the completion of the inspection.

Records were available to demonstrate that the dentist had completed sepsis awareness training. Improvements could be made to ensure that all members of staff involved in patient care undertook sepsis training to assist them in triaging appointments effectively if patients presented with dental infections. The provider informed us after the inspection that sepsis prompts for staff, and patient information posters had now been displayed throughout the practice after the inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were legible, kept securely and complied with General Data Protection Regulation requirements. Improvements were needed to ensure that dental care records were complete as in some cases we noted that discussions with patients were not suitably recorded.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

On the day of inspection, we observed the prescription pad in use was pre-stamped and stored in an unlocked cabinet in the treatment room. Unused prescription pads were stored in an unlocked drawer at the reception. In addition, the provider did not have a tracking system or log for prescriptions. Improvements were needed to ensure that NHS prescription pads were stored securely and there were systems in place to track and monitor their use.

Antimicrobial prescribing audits were not carried out. An antimicrobial prescription audit template was made available for review; however, this had not been completed.

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. The dentist told us that they discussed with patients the treatment options, including risks, benefits and costs. However, we noted that dental care records did not always include details of these discussions.

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 electronic dental care records. On the day of inspection, we looked at a sample of five dental care records. Improvements could be made to ensure that dental care records include details of the clinical assessment in relation to the risk of oral cancer, caries and periodontal disease.

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. The practice carried out radiography audits six-monthly following current guidance and legislation. Improvements could be made to ensure that the new grading system of dental radiographs was adapted in line with the relevant guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

Newly appointed staff had a structured induction and clinical staff completed 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 providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

The practice demonstrated a transparent and open culture in relation to people's safety.

Systems and processes were embedded, and staff worked together in such a way that the inspection did not highlight any issues or omissions.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

The practice could show how they ensured high-quality sustainable services and demonstrated improvements over time.

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

Improvements could be made to ensure all members of staff had formal appraisal to discuss their training needs. The provider told us there were informal opportunities for staff to discuss learning needs and general wellbeing and trainee dental nurses were actively supported in their ongoing training.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

The provider had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice 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.

We saw that there were some processes in place for managing risks, issues and performance. Improvements could be made to the processes for managing risks associated with fire to ensure they were effective.

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, 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 had systems and processes for learning, continuous improvement and innovation.

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

Are services well-led?

Staff kept records of the results of these audits and the resulting action plans and improvements.