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# Kings Dental Clinic

## Inspection report

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Date of inspection visit: 05/04/2024  
Date of publication: 08/05/2024

### Overall summary

We carried out this announced comprehensive inspection on 5 April 2024 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 advisor.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate life-saving equipment was available. One emergency medicine was not available as per national guidelines. The provider took timely action to rectify this.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.

# Summary of findings

- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- The practice had systems to manage risks for patients and staff. Improvements were required to ensure equipment and premises were maintained appropriately.

## Background

The provider has 2 practices, and this report is about King's Dental Clinic.

King's Dental Clinic is in the London Borough of Hammersmith and Fulham and provides NHS and private dental care and treatment for adults and children. The premises are shared with an Intermediate Minor Oral Surgery Service (IMOS) and an ultrasound clinic.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available at the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 10 dentists, 5 qualified dental nurses, 3 trainee dental nurses, 1 dental hygienist, 3 receptionists, 2 of whom are also practice managers. The practice has 5 treatment rooms.

During the inspection we spoke with 2 associate dentists, 1 of whom was the clinical lead, 1 dental nurse and the 2 practice managers. We also spoke with the principal dentist by telephone. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 9.30am to 5.30pm

Saturday from 10am to 3pm

The practice had taken steps to improve environmental sustainability. For example, the practice encouraged the reduction of car journeys and had installed multiple cycle racks at the rear of the premises. The practice used ecological-friendly products where possible and were transitioning to solar energy.

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

- 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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained. In particular with regard to the compressors.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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 some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. However, we observed that hot water temperatures were not consistently reaching the threshold of 55 degrees Celsius and the readings were not being obtained from the outlets identified within the risk assessment. The provider took immediate action by arranging an engineer to service the calorifier and increase the temperature of the hot water system.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured most equipment was safe to use, maintained and serviced according to manufacturers' instructions. However, we noted that there was no evidence that the 3 air receivers (compressors) had been serviced to ensure they were operating safely and effectively. There was no evidence of any Written Schemes of Examination for the compressors, and the provider was unaware of the intervals for their mandatory Pressure Vessel Inspections (PVI). In mitigation, 2 of the compressors were newly installed in October 2022. Following our inspection, the provider took immediate action and the compressors were serviced on 19 April 2024.

Improvements were required to ensure the facilities were maintained in accordance with regulations. In particular, the air-conditioning system had not been serviced by the time of inspection, but the provider sent evidence that this was carried out on 13 April 2024.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and 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 sepsis awareness and lone working. We observed that sharps were handled safely in the practice and the provider completed a detailed risk assessment to reflect the procedures accurately following our inspection feedback.

Emergency equipment was available and checked in accordance with national guidance. Emergency medicines were available with the exception of oromucosal midazolam, a medicine used to treat prolonged epileptic seizures. The practice had substituted injectable diazepam as an alternative during a supply shortage of the correct medication. The

# Are services safe?

provider obtained the correct medication immediately following our inspection. Glucagon, a medicine to treat low blood sugar was stored within a refrigerator where the temperatures were not monitored to ensure the efficacy of the medicine in the event of an emergency. The provider immediately purchased a thermometer with a data logging facility and records were commenced.

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**

Most patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements. We reviewed 10 clinical records and found the majority were completed adequately. However, we noted that one dentist did not record comprehensive clinical notes to establish individual patient needs and assessments. For example, we found limited records of treatment options discussed, intra oral and extra oral soft tissue examination, risk ratings, diagnosis, and social history. Immediately after our inspection, the provider made a detailed action plan to improve the standard of record keeping, including the enrolment into a workshop, the completion of an online course, and the purchase of the publication “Clinical Examination and Record Keeping Good Practice Guidelines”. They also commenced an immediate record-keeping audit and will implement monthly spot-checks to support ongoing improvement.

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements.

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

The systems in place for appropriate and safe handling of medicines required improvement. Prescriptions were not monitored effectively for security as described in current guidance. Following our feedback, the practice implemented a prescription logging system.

Antimicrobial prescribing audits were not carried out.

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

The practice had systems to review and investigate 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. The practice provided a range of oral health leaflets and oral health care products were available for patients to purchase.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives, for example, outreach stop smoking services. They directed patients to these schemes when appropriate. The practice had identified that a significant proportion of their patients used shisha, a water pipe in which a mixture of tobacco and flavourings is smoked. The practice provided tailored advice to alert users to the dangers of this, and to encourage cessation.

### **Consent to care and treatment**

Staff obtained patients' consent to care and treatment in line with legislation and guidance. They 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**

Though most of the clinical records we looked at were well maintained, there were shortcomings in the information recorded in some of the care records.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability.

We saw evidence the dentists justified, graded and reported on the radiographs they took. Audits were currently being carried out annually using an insufficient sample size. Following our inspection an effective audit was carried out using an increased sample size of 192 radiographs and we were assured this would be continued at six-monthly intervals following current 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 caring?

## Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

### **Kindness, respect and compassion**

Staff were aware of their responsibility to respect people's diversity and human rights.

Feedback from patients said staff were compassionate and understanding when they were in pain, distress or discomfort. They also said staff were friendly, courteous and professional.

### **Privacy and dignity**

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage. They stored paper records securely.

### **Involving people in decisions about care and treatment**

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment. Staff were multilingual, with fluency in 12 languages, enabling effective communication with the demographic of the patients at the practice.

The practice's website leaflet provided patients with information about the range of treatments available at the practice.

The dentists explained the methods they used to help patients understand their treatment options. These included for example study models and X-ray images.



# Are services responsive to people's needs?

## Our findings

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

### **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had carefully implemented reasonable adjustments, including disabled parking spaces at the rear of the practice, permanent ramps, wide entrances and an enabled toilet with emergency assistance alarm for patients with access requirements. An induction hearing loop was available for patients who use hearing aids. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice took part in a child focused dental practice scheme in 2023 in conjunction with a dental teaching hospital and this reduced the waiting lists for children's dental treatment. The practice was able to refer patients in need of difficult extractions directly to the Intermediate Minor Oral Surgery Service (IMOS) at the same location, avoiding lengthy waiting times. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

### **Listening and learning from concerns and complaints**

The practice responded to concerns and complaints appropriately. Staff discussed outcomes to share learning and improve the service.

# 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**

The practice staff and provider demonstrated a transparent and open culture in relation to people's safety. There was a strong emphasis on accessibility, sustainability and continually striving to improve.

Improvements were needed to improve some systems and processes. The inspection highlighted some issues and omissions relating to equipment, facilities and record keeping. The provider was fully engaged with the process and committed to making improvements. Following our inspection feedback, the provider immediately initiated action towards addressing the shortcomings.

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**

Staff 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.

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

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

### **Governance and management**

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

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

We saw there were clear and effective processes for managing risks, issues and performance.

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

The practice had information governance arrangements and staff were aware of the importance of protecting patients' personal information.

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Feedback from staff was obtained 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 where appropriate.

### **Continuous improvement and innovation**

# Are services well-led?

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