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Northwood Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 8 September 2023 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.
- The practice had staff recruitment procedures which reflected current legislation.
- 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.

Summary of findings

- 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 ensured that equipment was safe to use. Improvements were needed to the systems in place to manage risks for patients, staff and the premises.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were needed to ensure staff received safeguarding training at a suitable level to their role and that training was updated at appropriate intervals.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not available.
- Improvements were needed to ensure required staff training was monitored and completed.

Background

Northwood Dental Practice is in Northwood, in the London Borough of Hillingdon and provides NHS and private dental care and treatment for adults and children.

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

The dental team includes the principal dentist, 2 associate dentists, 1 dental nurse, 3 trainee dental nurses, 1 dental hygienist, 1 practice manager and 1 receptionist. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist, 1 associate dentist, the qualified dental nurse, 1 trainee dental nurse, the dental hygienist and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 5.30pm.

Saturdays by appointment only.

We identified regulations the provider was/is not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Full details of the regulations the provider was not meeting are at the end of this report.

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

Summary of findings

- 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.

Are services safe?	**Requirements notice** ✖
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**No action** ✓
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices). We will be following up on our concerns to ensure they have been put right by the provider.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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. However, on the day of inspection, the provider could not demonstrate that staff received training that was relevant and at a suitable level for their role. Training certificates were submitted after the inspection in response to the feedback we gave. We noted that 8 members of staff had completed their safeguarding training after the inspection. Improvements were needed to the systems in place to monitor staff training so the provider can take appropriate action quickly when training requirements were not met.

The practice had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance.

The procedures to reduce the risk of Legionella and other bacteria developing in the water systems were ineffective. A Legionella risk assessment was not available for review on the day of the inspection. There was no evidence that the practice carried out periodic temperature checks of the hot and cold-water outlets. Following the inspection, the provider told us that they had arranged a Legionella risk assessment for 13 September 2023 and they would update their Legionella Policy in line with the risk assessment recommendations.

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. Improvements could be made to ensure mops and buckets were stored in line with current guidance.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation.

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

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

The risks related to fire safety had not been assessed, mitigated or reviewed regularly by a person with the qualifications, competence and experience to do so. We noted that the practice had one smoke detector (in the waiting area) and a set of fire extinguishers, which the principal dentist told us were purchased from an online provider shortly before the inspection. When we asked about periodic in-house checks and fire drills, the principal dentist told us these were not carried out. Following the inspection, the provider submitted a record of weekly smoke detector tests with entries on 28/8, 4/9 and 11/9 and a fire drill record dated 10 March 2023. These records were not available during the inspection.

Following the inspection the provider submitted photographic evidence that fire exit signage and additional smoke detectors and fire extinguishers had been installed. In addition, they told us that a fire risk assessment had been scheduled for 13 September 2023.

Are services safe?

The practice had some arrangements to ensure the safety of the X-ray equipment. We saw evidence of the 3 yearly performance report. However the electro-mechanical testing had not been carried out annually, or in line with the manufacturer`s recommendations. The intraoral X-ray unit did not have a rectangular collimator, although this was included as a recommendation in the performance test report.

Following the inspection, the provider submitted photographic evidence that the rectangular collimator had now been fitted and that they had arranged the electro-mechanical servicing for 14 September 2023.

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 were needed to the systems in place for managing risks to staff who had not had their response to the Hepatitis B vaccination verified. We noted that 4 members of staff did not have evidence of a blood test to check their response. Following the inspection, the provider submitted risk assessments for 2 members of staff. These documents were not available during the inspection and were dated 2021 and 2023 with further entries at a later date. The provider told us that they were waiting for 2 further blood test results.

Emergency equipment and medicines were not available and checked in accordance with national guidance. The practice did not have a child self-inflating bag or clear masks sizes 0,1,2,3,or 4. In addition, the practice did not have sufficient adrenaline to repeat the dose as per the current guidance and the manufacturer`s instructions. Following the inspection the provider submitted evidence that the missing items had been ordered.

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

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

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 practice had systems for appropriate and safe handling of medicines. 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. Improvements were needed to ensure relevant safety alerts were shared with staff.

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.

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. 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

The practice kept detailed patient care records in line with recognised guidance.

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. The practice carried out radiography audits 6-monthly following current guidance.

Effective staffing

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

Newly appointed staff had a structured induction. Improvements were needed to ensure staff training was monitored effectively. On the day of inspection, staff could not access training certificates on the compliance portal used by the practice. We were told this was due to system error. However, we noted that many of the training certificates the provider later submitted , had been completed after the inspection. These included Mental Capacity Act (2005), safeguarding, autism and learning disability, fire safety and infection prevention and control training for 8 members of staff. Improvements were needed to the systems in place to identify when training requirements were not met so action could be taken quickly.

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.

On the day of inspection, we spoke with 1 patient who said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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.

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

The dentist explained the methods they used to help patients understand their treatment options. These included for example study 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 made reasonable adjustments, including level access, for patients with access requirements. 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 patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. 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 information leaflet 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 not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The principal dentist had overall responsibility for the management and clinical leadership of the practice and the practice manager was responsible for the day to day running of the service. Staff were aware of the management arrangements within the practice.

We found that the provider had the capacity, values and commitment to deliver high quality sustainable services. However, the ineffective risk management impacted the day to day management of the service.

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

Culture

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 supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice did not have an effective arrangement to ensure staff training was up-to-date and reviewed at required intervals. We noted that most of the training evidence the provider submitted in response to our feedback had been completed after the inspection.

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.

The processes for managing risks were ineffective. The practice did not have adequate systems in place for identifying, assessing and mitigating risks in areas such as fire safety, Legionella. In addition not all member of staff had evidence of their response to their Hepatitis B vaccination.

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, 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. Improvements were needed to ensure the practice carried out audits for prescribing of antibiotic medicines.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • The medical emergency drugs and equipment were not available as per current national guidance. • The provider could not demonstrate that a fire risk assessment had been undertaken and regularly reviewed by a person who had the qualification, skills, competence and experience to do so. • Periodic in-house checks of the fire safety equipment and fire drills were not carried out. • The provider could not demonstrate that the Legionella risk assessment had been regularly reviewed by a person who had the qualification, skills, competence and experience to do so. • There was no evidence that the practice carried out periodic temperature checks of the hot and cold-water outlets. • Staff were not aware of the alerts issued by the Medicines and Healthcare products Regulatory Agency (MHRA). • There was no evidence of Hepatitis B antibody blood test results for 4 members of staff, and 2 of these staff members did not have an associated risk assessment. **Regulation 12(1)**

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

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:

- Systems and processes in place to monitor staff training were not effective.

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. In particular:

- Systems and professes to ensure the safe use of radiography were ineffective.
- The provider failed to assess, monitor and mitigate the risks relating to fire and Legionella

Regulation 17(1)