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# Willesden Dental Clinic

## Inspection report

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### Overall summary

We carried out this announced focused inspection on 12 September 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.
- The practice had systems to help them manage risk to patients and staff.
- 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.
- 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.

# Summary of findings

- There was effective leadership and a culture of continuous improvement. Improvements were needed to ensure infection control audits were carried out bi-annually in line with the current guidance.
- Staff and patients were asked for feedback about the services provided. Improvements were needed to ensure that all patients, including those without access to internet, had the opportunity to provide feedback about their care.

## Background

Willesden Dental Clinic is in Willesden, 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 are available near the practice. The practice does not have an accessible patient toilet and they have systems in place to ensure patients are informed of this ahead of their appointment.

The dental team includes 6 dentists, 6 qualified dental nurses, 1 dental hygienist and 2 receptionists. They are supported by a practice manager. The practice has 4 treatment rooms, a X-ray room, a recovery room and a separate decontamination room.

During the inspection we spoke with 1 dentist, 2 dental nurses, 1 receptionist 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 to 6pm.

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

- Take action to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Implement processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.
- Ensure there are systems in place to track and monitor the use of NHS prescription pads.
- Improve and develop the practice's current performance review systems and have an effective process established for the on-going assessment of all staff.

# 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 could not demonstrate that the trainee dental nurse and the visiting sedationist had completed safeguarding training relevant to their role. Following the inspection, the provider submitted evidence that this had been actioned on 12 September 2022.

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.

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

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

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**

We looked at the systems to assess, monitor and manage risks to patient and staff safety. A sharps risk assessment that considered risks relating to all forms of sharps was not available for review on the day of inspection. Following the inspection, the provider submitted a sharps risk assessment dated 12 September 2022, that considered all form of sharps used at the practice.

Sepsis prompts for staff were available within the practice and staff completed sepsis training. However, our discussion with staff revealed that improvements were required in relation to sepsis awareness. We discussed with the provider the importance of this to ensure all staff were able to recognise the signs and symptoms and triage patients correctly if needed.

Most emergency equipment and medicines were available and checked in accordance with national guidance. On the day of inspection, sizes 0, 2 and 3 clear face masks for the self inflating bag were not available. The provider took immediate action and placed an order for the missing items.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training for staff providing treatment to patients under sedation was also completed.

# Are services safe?

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

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

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

We observed that NHS prescription pads were stored securely. However, the provider did not have an effective tracking system for prescriptions. Following the inspection, the provider submitted evidence that showed they had introduced an improved monitoring system to ensure that missing NHS prescriptions were immediately identified.

## **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.

The practice offered relative analgesia, a form of sedation, for children. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

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.

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 detailed dental care records in line with recognised guidance.

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.

### **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 was 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.

There was strong leadership and emphasis on continually striving to improve.

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.

Staff discussed their training needs during informal discussions with the principal dentist, however there was no record of these reviews. Improvements were needed to the practice's current performance review systems to ensure there was a structured and effective process for the on-going assessment of all staff. Following the inspection, the provider told us that they would undertake staff performance appraisals in the future.

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 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 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 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 demonstrated a commitment to acting on feedback. Feedback was gathered via Google reviews and the NHS Choices website. Improvements were needed to ensure that all patients, including those without access to internet, had the opportunity to provide regular feedback. Following the inspection, the provider told us that they would display printed patient satisfaction forms in the waiting areas.

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.

# Are services well-led?

## **Continuous improvement and innovation**

The practice had some 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 and radiographs. Improvements could be made to ensure that there was a record of the summary of findings and the resulting action plan to drive improvement.

On the day of inspection, we found that infection prevention and control audits were carried out annually. This was not in line with the current 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, which states that practices should audit their decontamination processes every six months. Following the inspection, the provider submitted evidence that the overdue infection control audit had been undertaken on 12 September 2022.