R Babbar Limited

Weston Park Dental Surgeons

Inspection report

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Overall summary

We carried out this announced focused inspection on 10 May 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 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:

- The dental clinic was visibly clean and well-maintained.
- The practice had staff recruitment procedures which reflected current legislation.
- The practice had infection control procedures which reflected published guidance. However, improvements were needed to ensure the effectiveness of the decontamination process.
- Staff had undertaken appropriate training in safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines; however, improvements were needed to ensure that information related to patient care was suitably recorded within the dental care records.
- Emergency medicines and life-saving equipment were available as per national guidance; however, the equipment was not regularly checked to ensure that it was in date and suitable for use. Following our inspection, the provider replaced the out of date equipment.

Summary of findings

- Not all members of staff had received annual medical emergency training.
- The practice had some systems to help them assess and manage risk. However, there was scope to improve these in order to align them with current guidance and legislation.
- The provider did not have effective governance systems to monitor the day to day running of the practice.

We identified regulations the provider was 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 withthe fundamental standards of care.

Furthermore, 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.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.

Background

Weston Park Dental Surgeons is in Crouch End, in the London Borough of Haringey, and provides NHS and private dental care and treatment for adults and children.

There is ramp access into the building for people who use wheelchairs or those with pushchairs. Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes six dentists, five dental nurses and two hygienists. They are supported by a practice manager and a receptionist. The practice has six treatment rooms and a separate decontamination room.

During the inspection we spoke with two dentists, the practice manager, an agency dental nurse and a dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 8.45am to 5.45pm.

Saturday from 9am to 1.30pm.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Requirements notice** ✖
Are services effective?	**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 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.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

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. However, we noted that these had not been updated since 2014. Following our inspection, we were sent evidence to show that all members of staff had received nationally recommended levels of safeguarding training appropriate to their role.

The provider had an infection prevention and control policy and procedures. They generally 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. However, the provider did not undertake six monthly infection prevention and control audits in line with HTM 01-05 guidance.

The practice did not have adequate procedures to reduce the risk of legionella or other bacteria developing in water systems. The most recent legionella risk assessment had been undertaken in 2015. The practice did not have processes in place to ensure that the risks in relation to legionella were regularly reviewed. Records were not available to demonstrate that water testing and dental unit water line management were carried out. Following our inspection, a legionella risk assessment was booked for the upcoming week.

The provider 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 provider 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 and registered with the General Dental Council and had professional indemnity cover.

The practice did not ensure all facilities and equipment were safe, and that equipment was maintained according to manufacturers` instructions. We noted the five year fixed wiring electrical testing had not been undertaken. In addition, the provider could not demonstrate that all portable appliances had been safety checked.

There were ineffective systems for assessing and managing risks of fire at the practice. There had not been a recent fire risk assessment, and there were no records to show that emergency lighting and fire alarms were tested and serviced. Fire exits were clearly identified and were kept clear. Following our inspection, a fire risk assessment was booked for the following week.

The practice had arrangements to ensure the safety of the X-ray equipment and we noted that the majority of the required radiation protection information was available. Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

However, there was no evidence of quality assurance processes or radiography audits being undertaken as per national guidance.

Risks to patients

Are services safe?

The provider had implemented some systems to assess, monitor and manage risks to patient safety, including sharps safety.

Not all members of staff had completed training in emergency resuscitation and basic life support on an annual basis. Emergency equipment and medicines were available as described in recognised guidance. However, we found that staff did not keep regular records of their checks of these to make sure they were available, within their expiry date, and in working order. We noted that some emergency equipment, such as adhesive pads to use with the defibrillator, had passed the expiry date set by their manufacturer. Following our inspection, the provider ordered replacements of these products.

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

Information to deliver safe care and treatment

Dental care records were kept securely and complied with General Data Protection Regulation requirements. However, improvements were needed to ensure that dental care records were consistently complete and legible.

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

Safe and appropriate use of medicines

The provider had some systems in place for appropriate and safe handling of medicines.

However, antimicrobial prescribing audits were not carried out on an annual basis as recommended by the College of General Dentistry.

Furthermore, we saw prescriptions were not stored and monitored as described in current guidance.

There was no system for monitoring and disposing of materials beyond their use-by date to prevent them being available for use.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong.

The provider 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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Staff were aware of and involved with national oral health campaigns and local schemes which supported patients to live healthier lives.

Consent to care and treatment

Staff obtained 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

Improvements were needed to ensure that dental care records were consistently complete and legible. The provider did not have an audit process in place to encourage learning and continuous improvement in line with best practice guidelines.

Staff conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

Evidence was not available to demonstrate the dentists justified, graded and reported on the radiographs they took. The practice had not undertaken six-monthly radiography audits as per current guidance.

Effective staffing

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

All staff received an induction and clinical staff completed continuing professional development required for their registration with the General Dental Council. However, this was held by individual members of the team. Improvements could be made to ensure all staff training was adequately monitored.

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 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 Notices 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

We found that staff members worked well together and were supportive of each other.

However, we also found that there was inadequate leadership which impacted on the practice's ability to deliver safe, high quality care. The provider could not assure us that they understood risks pertaining to the management of the service and the delivery of care.

Systems and processes to ensure continuous improvement were ineffective. Risk assessments, including the internal fire and general health and safety risk assessments were generic, not tailored to the service and had not been regularly reviewed.

The information and evidence presented during the inspection process was not always well documented. Improvements were needed to ensure that records in relation to the management of regulated activities were readily available and necessary, relevant information easily accessible to all members of staff and those who would need to review them.

Culture

Staff stated they felt supported and valued. They enjoyed working at the practice.

Governance and management

The provider had overall responsibility for the management of the practice. Improvements were needed to ensure that they were more involved in the day to day running of the service or to ensure that effective deputising arrangements were in place in their absence.

There was a lack of clear roles and systems for accountability to support good governance and management.

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

The practice gathered feedback from patients and 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 did not have systems and processes in place for learning, continuous improvement and innovation.

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.

The practice had not undertaken audits of disability access, radiographs and infection prevention and control in accordance with current guidance and legislation.

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 Treatment of disease, disorder or injury Surgical procedures	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 practice did not have adequate procedures to reduce the risk of legionella or other bacteria developing in water systems. • There was no evidence that a fire risk assessment considered all risks associated with fire and had been carried out by a person with the qualifications, skills and experience to do. • The provider did not have a system in place to ensure that a five-year fixed wiring check and portable appliance testing had been undertaken, and that the premises were safe for the provision of regulated activities. **Regulation 12 (1)**

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the Regulation was not being met:

This section is primarily information for the provider

Requirement notices

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 improve the quality and safety of the services being provided. In particular:

- Radiography audits were not carried out in line with current guidance and legislation.
- Infection prevention and control audits were not undertaken bi-annually in line with the relevant guidance.
- Disability access audit had not been undertaken.

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:

- The provider did not have an effective system for checking emergency medicines and emergency equipment to ensure that they were in date and in good condition.
- Staff training was not suitably monitored.

Regulation 17 (1)