

Dr Amish Jessa

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Inspection report

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Overall summary

We carried out this announced inspection on 10 November 2021 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:

Are services safe?

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

Are services effective?

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

Are services well-led?

Summary of findings

We found this practice was not providing well-led care in accordance with the relevant regulations.

Background

Dr Amish Jessa is in White City in the London Borough of Hammersmith and Fulham and provides NHS and private dental care and treatment for adults and children.

The practice is located close to public transport links, and car parking spaces are available near the practice.

The dental team includes two dentists, one dental nurse, a receptionist and a practice manager. The practice has one treatment room.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the dentist, the dental nurse 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 from 9am to 5pm

Saturdays from 8.30am to 1pm

Our key findings were:

- The provider had infection control procedures which reflected published guidance.
- The provider had safeguarding processes 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 treated patients with dignity and respect and took care to protect their privacy and personal information.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The practice appeared to be visibly clean and well-maintained.
- The provider had staff recruitment procedures which reflected current legislation.
- Improvements were needed to ensure all recommended emergency medicines and equipment were available in the correct format and the equipment was set up ready for use.
- Improvements were needed to the systems to help the provider manage risks to patients and staff.
- The provider had information governance arrangements; however, improvements were needed in relation to closed-circuit television and the storage of written dental care records.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

Summary of findings

- Review the practice's procedures to ensure patient referrals to other dental or health care professionals are centrally monitored to ensure they are received in a timely manner and not lost.

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?	Requirements notice ✗

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)

Staff had clear systems to keep patients safe.

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. We saw evidence that staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They 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. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The staff carried out manual cleaning of dental instruments prior to them being sterilised. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The practice had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory.

We saw the provider had implemented some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. Records of water testing and dental unit water line management were maintained.

We looked at the risk assessment carried out on 3 March 2020 and noted that a recommendation had been made. On the day of the inspection, we were shown some remedial work had been undertaken in relation to the management of legionella, but we could not be assured this sufficiently mitigated the risks raised in the risk assessment.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The principal dentist described the procedures in place in relation to managing the risks related to COVID-19. Additional standard operating procedures had been implemented to protect patients and staff from coronavirus. These included social distancing and screening measures which had been implemented. We saw evidence that personal protective equipment was in use. Staff, we spoke with told us they had been fit tested for filtering facepiece masks (FFP); evidence of this was available.

The practice manager told us there were arrangements for fallow time (period of time allocated to allow aerosol to settle following treatments involving the use of aerosol generating procedures or AGPs) and cleaning the treatment room.

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

Are services safe?

The provider carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards.

We saw evidence staff undertook infection prevention and control training at regular intervals.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical appliances. The exception to this were the dental chairs and the suction motor. On the day of the inspection there were no records available to demonstrate these had been serviced and maintained as required.

We saw that there were fire extinguishers and smoke detection systems throughout the building, and the fire exit was kept clear. Regular monitoring of the smoke detection equipment was also being carried out. A fire risk assessment was carried out by the practice manager however, there was no evidence to show that they had undergone fire safety training. The fire risk assessment highlighted no areas where improvements were needed. We could not be assured the fire risk assessment was sufficiently detailed to assess and mitigate all risks or whether the person carrying out the risk assessment had the relevant skills and knowledge to do so.

Immediately prior to the inspection, on the 8 November 2021, the provider had arranged for another fire risk assessment to be carried out and a number of recommendations had been made. These included the installation of emergency lighting and a fire alarm. The provider assured us they would implement a plan to ensure any remedial actions were carried out.

Improvements were also needed to ensure staff carried out fire safety training.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. On the day of the inspection we noted visual checks of the X-ray equipment were carried out but there was no evidence to show that it was serviced and maintained according to manufacturer's recommendations and guidance. A Radiation Protection Advisor (RPA) had not been appointed in accordance with national guidelines.

We saw evidence the dentists justified, graded and reported on the radiographs they took, though the provider could adopt the new grading system when recording radiographs within dental care records.

Radiography audits were undertaken as per current guidance and legislation.

Staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had health and safety policies and procedures; however, improvements were needed, such as having a risk assessment in place for when staff worked alone.

The provider had current employer's liability insurance.

Are services safe?

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken that included information relating to the use of needles; however, improvements were needed to ensure it considered risks from all forms of sharps.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

On the day of the inspection there was no evidence staff had carried out training in regards to the recognition, diagnosis and early management of sepsis. We discussed the advantages of undertaking training to ensure staff were able to triage patients correctly.

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

Most emergency medicines were available as described in the Resuscitation Council UK 2021 guidelines. We noted that staff kept records of the checks to make sure they were available, within their expiry date, and in working order. On the day of the inspection we noted the medicine used to treat heart attacks was in the incorrect format and needles were not available to ensure the medicine used to treat anaphylaxis could be administered correctly. The provider sourced the correct needles on the day of the inspection.

We also noted not all emergency equipment was available in accordance with the guidelines; for example, there was no self-inflating bag with reservoir for use with children, no clear face masks for self-inflating bags and no oxygen face mask with reservoir and tubing for use with children.

Risks associated with not having the Automated External Defibrillator (AED) correctly set up for use in the event of an emergency had not been suitably considered and mitigated. On the day of the inspection, we found the battery packs, for both adults and children, for the newly acquired AED were stored separately.

The fridge temperature, where the medicine used to treat low blood sugar was stored, was checked daily; however, improvements could be made to the monitoring system to ensure a record of these checks was kept.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

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

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete and legible. Improvements were needed to the storage arrangements of archived paper records to ensure they were kept securely in lockable cabinets and complied with General Data Protection Regulation (GDPR) 2018.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist. Improvements were needed to the monitoring process to enable staff to follow up with referrals made and ensure patients were seen in a timely manner.

Safe and appropriate use of medicines

The dentist was aware of current guidance with regards to prescribing medicines.

Are services safe?

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. Staff monitored and reviewed incidents and in the previous 12 months there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The practice manager described the systems in place for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine 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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Helping patients to live healthier lives

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale to help patients with their oral health.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. On the day of the inspection we noted there were inconsistencies in the recording of this information within the four dental care records we looked at. For example, patient risk assessments and basic periodontal examination (BPE) scores were not consistently documented in the records we were shown on the day.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records.

The practice's consent policy included information about the Mental Capacity Act 2005 (MCA). The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the audits; however, improvements could be made to the level of detail reviewed to ensure continued improvement. We were assured this would be reviewed and a plan put in place to ensure all important information was recorded consistently.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

Staff new to the practice had a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council and a monitoring system was in place to ensure up-to-date records were available.

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. We noted that a referral monitoring system was in place, however improvements were needed to the system to ensure referrals were followed up.

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

Leaders were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care. However, the lack of oversight, risk management and adherence to published guidance impacted on some aspects of the day to day management of the service.

Culture

The practice had a culture of high-quality sustainable care.

Staff discussed their training needs at an annual appraisal. We saw evidence of completed appraisals in the staff folders we looked at.

Governance and management

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 knew the management arrangements and their roles and responsibilities.

Improvements were needed to the processes for managing risks to ensure they were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks in areas such as medical emergencies, legionella and fire safety.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

The provider had installed closed-circuit television (CCTV), to improve security for patients and staff. Signs indicating the presence of CCTV were visible. However, no other information was available to patients, in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). A policy was in place, however there were inconsistencies in the information relating to who had access to this information and the length of time the recordings were stored. A privacy impact assessment was not available on the day of inspection.

Engagement with patients, the public, staff and external partners

The provider used patient surveys and encouraged verbal and online comments to obtain staff and patients' views about the service.

The provider gathered feedback from staff through meetings, surveys, 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

Are services well-led?

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of dental 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.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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.</p> <p>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:</p> <ul style="list-style-type: none">• There was limited evidence the risks around fire safety had been appropriately assessed and mitigated.• There was no evidence the suction motor, the X-ray equipment and the dental chairs had been serviced and maintained according to manufacturer's guidelines.• No Radiation Protection Advisor had been appointed.• Risks relating to the medicines and equipment used for the treatment of medical emergencies had not been identified and mitigated.• There was no evidence the risks when staff worked alone had been considered and mitigated.• Risks associated with all forms of sharps were not identified and mitigated.• Appropriate remedial action had not been taken to mitigate all risks associated with legionella infection. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:</p> <ul style="list-style-type: none">• In relation to information governance, General Data Protection Regulations and the use of Closed-Circuit TV.

This section is primarily information for the provider

Requirement notices

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Written dental care records were not stored securely.
- There was a lack of consistency in the information recorded in the dental care records.

Regulation 17 (1)