

Chartwell Dental Practice Limited

Chartwell Dental Clinic

Inspection Report

Chartwell Dental Clinic
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Overall summary

We undertook a focused inspection of Chartwell Dental Clinic on 29 April 2019. This inspection was carried out specifically to review the practice's conscious sedation procedures.

The inspection was led by a CQC inspector who was supported by two dental specialist advisors, one of whom is a sedation practitioner and sedation trainer.

As part of this inspection we asked:

- Is it safe?

Background

Chartwell Dental Clinic is a dental practice situated in the town of Croxley Green in Hertfordshire. In addition to general dentistry, it provides both basic and advanced sedation techniques administered by inhalation of gases or intravenous injection, or a combination of both to children and adults.

The practice is open from 9 am to 5 pm on Monday to Friday and offers appointments on a Saturday morning once a month.

The practice is owned by a company and as a condition of registration must have a person registered with the

Care Quality Commission as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at the practice is the principal dentist.

During the inspection we spoke with the principal dentist, the sedationist who provided conscious sedation to patients, the practice manager and one dental nurse. We looked at the practice's procedures in relation to sedation and reviewed a sample of patients' notes. We examined the surgeries where sedation was provided and where patients recovered following their treatment.

Our findings were:

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

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

Review the provision of conscious sedation having due regard to the Standards for Conscious Sedation in the Provision of Dental Care published by the Royal College of Surgeons in 2015.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?

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

Chartwell Dental Practice offered both basic and advanced sedation techniques to all patients of all ages. Under an NHS contract it offers basic techniques only to adults and children. The practice had been offering advanced sedation techniques privately to some children, but we were assured by staff that this was no longer being made available to patients under 12 years of age.

Advanced techniques, using midazolam and fentanyl were still offered, when deemed appropriate, to the older age groups, and we found that the provider mostly followed the Standards for Conscious Sedation in the Provision of Dental Care published by the Royal College of Surgeons in 2015.

No action



Are services safe?

Our findings

Chartwell Dental Clinic has been offering conscious sedation to patients for several years. Patients are seen via internal referrals and from outside practitioners. Conscious sedation enables patients who are particularly anxious to receive both routine and more complex dental treatment. Provision of care under sedation is often a safer alternative to treatment with general anaesthetic, which can only be provided in a hospital setting.

We inspected this location in 2017 and noted some areas where the practice could consider the implications of the Standards for Conscious Sedation in the Provision of Dental Care published by the Royal College of Surgeons in 2015. Whilst some progress had been made, the standards had not been fully implemented and we have encouraged the provider to make further improvements. We asked the practice to ensure, with the exception of dental emergencies, that patient consent is obtained at a separate appointment which is not on the same day that treatment is provided. Patient consent should then be confirmed again, on the day of treatment. The practice also needs to monitor patients receiving Midazolam for at least one hour following the last increment of Midazolam. The way staff manage patient complications and medical emergencies should be regularly rehearsed.

We saw evidence that all the staff who delivered care under conscious sedation had undergone appropriate training and their continual professional development (CPD) was up to date. The required CPD is 12 hours of accredited sedation related training in a five-yearly cycle, which all relevant staff had completed.

The provider had the appropriate equipment to deliver inhalational sedation using oxygen and nitrous oxide. This was delivered by a closed-circuit system with scavenging to reduce the likelihood of nitrous oxide building up in the treatment room. Gas cylinders were correctly stored, were in date and there was an automatic switch over to spare cylinders when required. Pulse oximeters and capnography were available for monitoring patients during sedation. Blood pressure monitoring was also available. The equipment was fitted with audible alarms to alert the team to changes in patients' oxygen levels and blood pressure. This equipment had been serviced regularly, the most recently in March 2019.

Emergency drugs and equipment were available and were in accordance with guidance from the resuscitation council and the British National Formulary. Appropriate drugs for the reversal of sedation in an emergency were also available. Controlled drugs were correctly stored and documented. An Automated Electronic Defibrillator (AED) was also available for use in an emergency.

Staff had appropriate training in intermediate and paediatric life support, but we noted that simulated scenario based training was not regularly carried out in accordance with the Standards for Conscious Sedation guidelines. We found some sedation drugs (Fentanyl) that had passed their expiry date. These drugs were safely disposed of during the course of the inspection.

We examined clinical records of patients undergoing sedation. These records demonstrated that patients' oxygen saturation levels, pulse rates and blood pressure were monitored during sedation. The provider showed us details of appointments for pre-sedation patient assessment and consent on dates in advance of their sedation appointments. However, some of the records we examined recorded both patients' consent to sedation and their treatment on the same day, and it was unclear whether these were actual dental emergencies. The doctor who provided the sedation told us that on some occasions they judged from the referral information that a pre-sedation consent visit might cause unnecessary anxiety to the patient.

There was a recovery room which was equipped with some monitoring equipment and also had oxygen available. There were three beds available, although these were not screened to ensure patient privacy. Recovery was normally supervised by a qualified nurse who was able to assess when a patient was suitably recovered from their sedation and fit for discharge. The practice had a suitable discharge policy and appropriate written instructions were given to patients and their escorts. We did note that some patients were not always monitored for an hour after the last increment of Midazolam was given, as recommended in national guidelines.

After discussion it was accepted that the sedation practitioner would be in a position where he might be responsible for more than one sedated patient at the same

Are services safe?

time. This could create problems in the event of medical emergencies, and an alternative was discussed. It was encouraged this would be added to the practice protocols on the sedation service within the practice.

The sedationist showed us details of an audit that was in progress investigating the incidence of inadequate or failed sedation where it had not always been possible to complete procedures. This was particularly relevant as we

had received information about a complaint in relation to a patient's experience during sedation. The dental procedures had been completed. We reviewed the clinical notes and sedation records which confirmed that oral midazolam and inhalational sedation had been given, but had not been fully effective. We were shown copies of emails where the provider had responded to the concerns raised by the complainant.