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St Mary's Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 10 February 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 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 manage risks for patients, staff, equipment and the premises.
- We found shortfalls in assessing and mitigating risks in relation to substances hazardous to health, premises and medicines management.
- The practice carried out dental care treatment under conscious sedation, however, they did not have the reversal medicine on site.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines, however, patient care records lacked detail.
- 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.
- 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.
- The practice's arrangements for ensuring good governance needed improving to ensure sustainability in the long term.
- Staff felt involved, supported and worked as a team.

Background

This report is about St Mary's Dental Care.

St Mary's Dental Care is in Upminster in the London Borough of Havering 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, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements. The practice is situated close to public transport bus and rail services.

The dental team includes 2 dentists, 1 visiting sedationist, 1 qualified dental nurse, 1 trainee dental nurse, 1 dental hygienist and 2 receptionists. The practice has 2 treatment rooms.

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

The practice is open:

Monday to Thursday 9am – 6pm

Friday 9am – 7pm

Saturday 9am – 6pm.

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 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 an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- 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 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.

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.

The practice had infection control procedures which reflected published guidance.

We saw evidence that staff flushed through the water systems and maintained a log for the hot and cold water temperatures. Although a legionella risk assessment was undertaken by the practice, we found that they had not actioned all the recommendations made to ensure the risk of Legionella, or other bacteria, developing in water systems was minimised. The provider told us all pipe work throughout the surgery was being replaced during the building works, including removal of existing feeds, drainage and DUWLs. The provider also explained that new risk assessment would be carried out on the completion of the renovation.

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

The practice was in need of renovations and work was scheduled. The provider shared with us architectural plans which had been approved by the local authority and which gave the provider permission to commence building works.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or 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, maintained and serviced according to manufacturers' instructions. The provider could not demonstrate that the facilities were maintained in accordance with regulations, for example, we saw no evidence of an Electrical Installation Condition Report to demonstrate that the building's fixed wiring had received testing and inspecting in the previous five years.

An internal fire safety risk assessment had been undertaken by the provider, however, the provider told us that they had delayed the external fire risk assessment until after all the structural changes had been completed during the refurbishment process. We were unable to judge the effectiveness of fire safety at the practice as the builders had started to remove certain fixtures in preparation for the building works.

We found that the practice arrangements to ensure the safety of the X-ray equipment and the required radiation protection information needed improving. The provider did not have a radiation protection file/folder to show us on the day, instead they told us that these were stored offsite due to the imminent building works. Following the inspection, the provider emailed us a copy of their local rules and we saw that radiological examination had been undertaken in October 2019 on the two intra-oral X-ray machines, which meant that at the time of inspection this had lapsed. Further evidence

Are services safe?

confirmed that these had received servicing on 13 February 2023. The provider had installed a combined cone-beam computed tomography (CBCT)/OPG X-ray equipment in October 2021; these types of extra-oral X-ray equipment requires annual servicing. The provider emailed evidence confirming this had since received servicing and was in good working condition for continued use.

Risks to patients

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. For example, the provider had not adopted safer sharps and had not undertaken a sharps risk assessment.

The dental hygienist worked on Saturdays; however, they had not ensured a risk assessment was in place to assess the risks of them working without chairside assistance.

Emergency equipment and medicines were available and checked in accordance with national guidance. Glucagon (a medicine used to treat severe hypoglycaemia) was stored in the fridge, however, it was unclear if this medicine was stored between 2 and 8 degrees as the fridge temperature was not monitored. Moreover, the fridge was also used for storage of everyday food items. The provider told us they would purchase a dedicated medicine fridge.

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 was also completed by staff providing treatment to patients under sedation.

The provider could not evidence that they had risk assessed individual substances that were hazardous to health. Furthermore, there were no records of safety data sheets available or accessible to staff.

Information to deliver safe care and treatment

Patient care records we reviewed were incomplete in that they were not comprehensive to include risk assessments in line with standards.

Excepting for some sedation records which were handwritten and at times illegible, most patient care records were maintained via the clinical system which meant they were typed, kept securely and complied with General Data Protection Regulation requirements.

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

Safe and appropriate use of medicines

The practice did not have safe systems for appropriate and safe handling of prescription pads. We found 16 prescriptions which had been pre-written and stamped with the seal bearing the clinician's name and practice address; the practice address related to another practice. For all other prescriptions at the practice we saw that a log of prescribing was maintained.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. There were no formal processes in place to deal with safety alerts. Following the inspection, the provider sent us evidence that they had registered with the Medicines and Healthcare products Regulatory Agency.

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.

Dental care and treatment under conscious sedation was provided by the associate dentist as well as a visiting sedationist. We saw evidence that staff involved in sedation had received the appropriate training and consistently undertook update training in immediate life support. We reviewed patient care records for those patients who had received treatment under conscious sedation.

We found that there was lack of appropriate clinical monitoring of patients while they were undergoing dental care procedures under conscious sedation. We saw evidence that blood pressure, pulse and oxygen levels were monitored; however, these were only documented preoperatively. As a minimum, pre-operative, intra-operative and post-operative recordings should be taken and documented throughout the sedation event until point of discharge. We also noted that some records were not signed by the clinician. In addition, Flumazenil (a drug that is used to reverse the sedative effect of midazolam), or its equivalent was not available on site on the day of inspection. The provider told us this was because the visiting sedationist ensured this was brought with them. There were no formal processes in place to ensure this was checked at each session they worked, whether it was in date and fit for use. Following the inspection, the provider told us they had purchased this medicine which was kept locked in the secure storage.

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.

Staff were aware of local schemes which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

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

Not all clinical staff kept detailed dental care records in line with recognised guidance. Furthermore, the provider could not evidence that they routinely audited dental care records.

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 did not undertake radiography audits six-monthly following as per current guidance.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

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 dentist 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.
further when any enforcement action is concluded.

Kindness, respect and compassion

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients 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 website gave patients a brief overview 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 models 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 not completed a written disability access audit; however, we noted that those in wheelchairs and pushchairs could access the service.

Timely access to services

The practice displayed its opening hours and provided information on their website.

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 practice's 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 had a complaints policy and a procedure which they told us they used when responding to concerns and complaints. They told us 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 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

The provider demonstrated a transparent and open culture; however, improvements were needed to better assess, monitor and mitigate any risks relating to the health, safety and welfare of people using services and others.

Systems and processes were not effectively embedded. The inspection highlighted significant issues and omissions, some of which the provider had taken steps to resolve satisfactorily.

The information and evidence presented during the inspection process was poorly documented. The provider explained that this was because they were in the process of renovating and updating the practice to a more modern and purpose-built facility. The provider shared with us their business plans to improve the practice structurally and aesthetically.

Culture

Staff could not demonstrate how they ensured high-quality sustainable services and improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Though we did not see evidence of training needs discussions in annual appraisals, we were assured that as the team was so small, these were discussed in ongoing conversations.

Governance and management

The provider had failed to carry out risk assessments for dental materials and products and substances considered harmful to health.

Dental care records were not comprehensively written to include the necessary information as per guidance.

The provider had not ensured the inspection of the buildings' electrical installation and wiring in accordance with legislation.

Improvements were needed to the processes for managing risks, issues and performance.

The practice did not have clear systems and processes for learning, quality assurance, continuous improvement. At the time of the inspection the provider did not have evidence to demonstrate they undertook audits of patient care records, disability access, radiographs and antimicrobial prescribing.

Appropriate and accurate information

Staff acted on appropriate and accurate information and were aware of the importance of protecting patients' personal information.

Engagement with patients, the public, staff and external partners

We saw evidence that staff encouraged patients to leave feedback on an external website which was monitored by the provider.

Are services well-led?

Feedback from staff was obtained 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 where appropriate.

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>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:</p> <ul style="list-style-type: none">• The security of some NHS prescription pads in the practice needed improving.• Improve the practice's systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular; the practice did not have a sharps risk assessment to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.• The provider had not ensured the inspection of the building fixed electrical installation and wiring in accordance with legislation.• Risks associated with delivery of dental care and treatment using conscious sedation had not been suitably identified and mitigated. <p>Regulation 12 (1)</p>
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>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:</p> <ul style="list-style-type: none">• Dental care records did not include the necessary information as per guidance.

This section is primarily information for the provider

Requirement notices

- There were no processes to ensure that safety alerts were received, reviewed, discussed and cascaded with team members.
- Patient assessments, specifically for those patients attending for sedation were not undertaken in a way to ensure they are compliant with current legislation.
- The provider had not carried out a disability access audit to identify the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.
- Audits of radiography were not undertaken at regular intervals to improve the quality of the service.

Regulation 17 (1)