

Dr. Colin Bailie

Bailie & Associates Dental Practice - Peckham

Inspection Report

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Date of inspection visit: 3 December 2019
Date of publication: 08/01/2020

Overall summary

We carried out this unannounced inspection on 3 December 2019 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 always ask the following five 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:

Are services safe?

We found this practice was not 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 caring?

We found this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

Background

Bailie & Associates Dental Practice – Peckham is located in the London Borough of Southwark and provides NHS and private dental care and treatment for adults and children.

The dental team includes three associate dentists, one dental nurse and two trainee dental nurses. The clinical team are supported by a practice manager and a receptionist. The practice has three treatment rooms.

Summary of findings

The practice is owned by the principal dentist. 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 practice owner, three associate dentists, one dental nurse, the 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 between:

9am and 5.30pm - Mondays to Thursdays

9am and 12.30pm on Fridays.

Our key findings were:

- The practice appeared to be visibly clean.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The provider had staff recruitment procedures which reflected current legislation. Improvements were needed so that suitable checks were carried out for locum and agency staff who worked at the practice.
- 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 provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- The provider asked staff and patients for feedback about the services they provided.
- The provider dealt with complaints positively and efficiently.

- The provider had information governance arrangements.
- The provider had infection control procedures which reflected published guidance. Improvements were needed so that these procedures were followed and monitored.
- There were ineffective arrangements for acting on and managing identified risks.
- There were ineffective arrangements to ensure that premises and equipment were well-maintained.
- There were ineffective leadership arrangements to support a culture of continuous improvement.
- Improvements were needed so that staff had appraisals to support learning, development and wellbeing needs.

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:

- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Implement protocols for the use of closed circuit television cameras taking into account the guidelines published by the Information Commissioner's Office.

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 Notice 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)

Improvements were needed to some of the systems to keep people 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 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 instruments in line with HTM 01-05. Improvements were needed to ensure that unpouched dental instruments were stored in suitable containers and that there were clear procedures in place to sterilise unused instruments within 24 hours.

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 staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw the practice had some procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. There were arrangements to disinfect dental unit waterlines. A Legionella risk assessment was carried out in October 2019. A number of requirements and recommendations for improvements had been identified including maintenance and accurate recording of hot and cold water temperatures, maintenance of the hot water heater and removal of dead leg pipes. At the time of our inspection the practice owner told us that they had not yet actioned these recommendations and there was no plan to show how or by when these improvements were to be achieved. We were also told at the time of the inspection visit that the electrical water heater was not working.

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

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

The infection control lead carried out infection prevention and control audits twice a year. The latest audit showed some areas for improvement were needed including repairing or replacing one of the dental chairs as the upholstery was torn in places.

The provider had 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. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the

Are services safe?

relevant legislation. We looked at six staff recruitment records. These showed the provider followed their recruitment procedure. There were arrangements to carry out checks in relation to identity, conduct in previous employment and Disclosure and Barring Service (DBS) checks. We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

The owner told us that they occasionally used agency and locum dental hygienists. Improvements were needed to ensure that suitable checks were carried out for these staff.

Improvements were needed to ensure that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. An electrical installation condition report was carried out in October 2019. This report identified a number of areas where improvements were required to the electrical wiring and systems in the practice.

Some areas of the premises, including flooring, walls and insulation covering of exposed hot water pipes were in need of repair.. There was no action plan to show how and by when repairs would be carried out.

The practice had some arrangements for assessing and minimising risks of fire. We saw there were fire extinguishers. The fire exits were signposted and were kept clear.

A fire risk assessment was carried out in September 2019. There were some areas for improvement and recommended actions identified, including a recommendation to update the practice's fire alarm and emergency lighting systems. The practice owner told us that they were seeking quotes to complete the work required.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

Clinical staff completed continuing professional development in respect of dental radiography.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider had carried out a dental radiography audit. The audit report

included areas where improvements were needed in relation to the quality of some dental radiographs. There was no plan as to how and by when these improvements were to be achieved.

Risks to patients

The provider had a current employer's liability insurance.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly and accessible to staff. Improvements were needed to ensure that policies and procedures were implemented routinely to help manage potential risk.

We looked at the practice's arrangements for safe dental care and treatment. Staff told us that they followed the relevant safety regulation when using needles and other sharp dental items. Improvements were needed so that there was a risk assessment to assess and mitigate risks associated with the use, cleaning and disposal of dental 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.

Clinical staff had knowledge of the recognition, diagnosis and early management of sepsis and there were protocols and pathways available to staff. Discussion with staff showed that there were systems to triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

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

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. Recent staff checks identified that the medicine used to treat a severe allergic reaction had expired. This medicine had been ordered prior to our visit and we were provided with documents to show that it was available shortly after the inspection visit.

Are services safe?

A dental nurse worked with the dentists and the locum dental hygienists 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 written, typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

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. There were arrangements to log and follow up on urgent and routine referrals to ensure that patients received treatment promptly.

Safe and appropriate use of medicines

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

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. Improvements were needed so that antimicrobial prescribing audits were carried out annually and used to monitor and demonstrate that 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. There were comprehensive risk assessments in relation to safety issues. Staff monitored and reviewed incidents. This helped staff to understand risks which led to effective risk management systems in the practice as well as safety improvements.

In the previous 12 months there had been no safety incidents reported.

The provider had a system for receiving and acting on safety alerts. The practice owner and the dentists were aware of recent relevant alerts. Staff learned from external safety events as well as patient and medicine safety alerts. We saw they were shared with the team and acted upon if required.

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. Dentists were aware of and following guidelines and protocols in relation to areas including prophylactic antibiotic prescribing, wisdom teeth extraction and patient recalls based upon an assessment of risk.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The dentists prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

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

Staff were aware of national and local oral health campaigns and local schemes which supported patients to live healthier lives, for example, local stop smoking services. Information about local schemes was available and staff told us they directed patients to these schemes when appropriate.

The dentists 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.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

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 (under the care of the Local Authority). 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. 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.

Improvements were needed so that there was a quality assurance processes to encourage learning and continuous improvement. Audits of dental care records were not carried out and used to monitor and improve the quality of dental record keeping.

Effective staffing

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

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.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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. There were referral protocols and pathways to ensure that routine and urgent referrals were monitored and followed up to ensure that patients received treatment promptly.

Are services caring?

Our findings

We found this practice was providing caring services in accordance with the relevant regulations.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

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

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

The provider had installed closed-circuit television, (CCTV), within the reception area to improve security for patients and staff. We found signage was in place in accordance with the CCTV Code of Practice (Information Commissioner's Office, 2008). Improvements were needed to include a CCTV policy and privacy impact assessment .

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas was open plan in design and staff were mindful of this dealing with patients. If a patient asked for more privacy, the practice would respond appropriately. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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. They were aware of the Accessible Information Standard and the requirements of the Equality Act.

- The practice owner told us that interpreter services were available for patients who did not speak or understand English.
- Patients were also told about multi-lingual staff that might be able to support them. For example staff at the practice spoke Spanish, Romanian and Italian.
- Staff communicated with patients in a way they could understand, and communication aids and easy-read materials were available.

Staff helped patients and their carers find further information and access community and advocacy services. There were posters with contact details for local community groups in the reception area.

Staff gave patients clear information to help them make informed choices about their treatment, including discussing options for treatment with them. The dentists described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website provided patients with information about the range of treatments available at the practice.

The dentists described to us the methods they used to help patients understand treatment options discussed. These included for example photographs, study models and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care. They conveyed a good understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

The practice currently had some patients for whom they needed to make adjustments to enable them to receive treatment.

The practice had made reasonable adjustments for patients with disabilities. This included a hearing loop. The layout and design of the premises did not afford the provision of step free access or accessible toilets. Staff told us that wherever possible they assisted people to access the premises.

The practice owner told us they had carried out a disability access audit. This was however not available and had not been recently reviewed. An updated assessment was sent to us shortly after the inspection.

Timely access to services

Patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and included it on their website.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were offered an appointment the same day. Patients had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

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 requiring emergency dental treatments when the practice was closed were directed to the NHS 111 out of hour's service.

Listening and learning from concerns and complaints

Staff told us the practice manager took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The provider had a policy providing guidance to staff about how to handle a complaint. The practice information leaflet explained how to make a complaint.

The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way the practice manager had dealt with their concerns.

There had been no complaints received by the practice within the previous 12 months.

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 Notice 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 the practice owner had the skills to deliver high-quality, sustainable care. They demonstrated that they were knowledgeable about issues and priorities relating to the quality and future of the service. However the practice owner did not work in clinical practice and divided their time between this and their two other dental surgeries. This meant that there was a lack of oversight affecting some areas of management within the practice.

Culture

The staff focused on the needs of patients.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

Improvements were needed to ensure that staff received performance appraisal and had an opportunity to discuss their learning, development and wellbeing needs and goals.

Governance and management

Improvements were needed to the governance and management arrangements so that these were clearly understood, embedded into practice and followed in a consistent manner.

The practice owner had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day

running of the service. However there were some inconsistencies in staffs' understanding around roles and responsibilities and some conflicting accounts as to who was responsible for areas such as dental radiography.

The provider 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. However some of these were not always referred to or followed.

There were ineffective processes for managing identified risks. There was a lack of risk management plans to address risks identified in internal and external risk assessments for areas such as fire safety, Legionella management and electrical wiring systems.

Appropriate and accurate information

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

Improvements were needed so that quality and operational information, for example surveys and audits were used to ensure and improve performance.

Engagement with patients, the public, staff and external partners

The provider encouraged patients to give their views about the service.

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

The provider 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.

Continuous improvement and innovation

The provider had some systems and processes for learning, continuous improvement and innovation.

There were ineffective quality assurance processes to encourage learning and continuous improvement. Audits of dental care records, radiographs and infection

Are services well-led?

prevention and control were not carried out consistently as part of a process for quality monitoring. The results of audits when carried out were not used to implement improvements where these were indicated.

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

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 12</p> <p>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.</p> <p>In particular:</p> <ul style="list-style-type: none">· Arrangements had not been implemented to address the required improvements as identified in the electrical installation conditioning report, carried out on 15 October 2019, to minimise risk to patients and staff.· Arrangements had not been implemented to address the required improvements as identified in the Fire risk assessment, carried out on 4 September 2019, to minimise risk to patients and staff.· Arrangements had not been implemented to address the required improvements as identified in the Legionella risk assessment, carried out on 4 October 2019, to minimise risk to patients and staff.

This section is primarily information for the provider

Requirement notices

- Infection control procedures were not monitored sufficiently to ensure that dental instruments were stored appropriately. Unwrapped, unused dental instruments were not being reprocessed as per national guidance.

Regulation 12(1)

Regulated activity

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 17

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.

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:

- There were ineffective systems for assessing and monitoring the practice premises and equipment and taking necessary action to ensure that these were well maintained.

Requirement notices

- There were ineffective systems to ensure that audits were carried out, reviewed and acted upon to monitor and improve the safety and quality of the service.

- There were ineffective arrangements to monitor, support and appraise staff to assess their learning and development needs and to ensure their understanding and implementation of policies and procedures for the management of the service.

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:

- A risk assessment to assess and mitigate risks associated with the use, cleaning and disposal of dental sharps 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 maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities.

In particular:

- Information in relation to suitable checks was not available for locum and/or agency staff who worked at the practice.

This section is primarily information for the provider

Requirement notices

Regulation 17(1)