

Fibonacci Spiral Limited

52 The Dental Practice

Inspection report

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Overall summary

We carried out this announced inspection on 27 August 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 always ask the following three questions:

- 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?

We found this practice was providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

52 The Dental Practice is in New Malden in the London Borough of Kingston-upon-Thames and provides 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 one dentist and one dental nurse/receptionist. The practice has one treatment room.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC 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 52 The Dental Practice is the principal dentist.

During the inspection we spoke with the dentist and the dental nurse/receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Tuesday to Thursday 9:00am - 5:00pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had safeguarding processes in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were however needed to ensure training was carried out regularly.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.
- Staff knew how to deal with emergencies and appropriate life-saving equipment was available. Improvements were needed to ensure all recommended emergency medicines were available.
- The provider had systems to help them manage risks to patients and staff. Improvements were needed to ensure the provider was aware of the risks relating to fire.
- The provider had staff recruitment procedures which reflected current legislation.
- The provider carried out some 'highly recommended' training as per the General Dental Council professional standards. Improvements were needed to ensure all recommended training, in particular, safeguarding of children and vulnerable adults and Basic Life Support were undertaken at the required intervals.
- Infection control procedures at the practice reflected published guidance, though improvements could be made to make provision for handwashing within the decontamination room.

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

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Implement a system to ensure patient referrals to other dental or health care professionals are monitored appropriately to ensure they are received in a timely manner.

Summary of findings

- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and take into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Take action to ensure that all clinical staff have adequate immunity for vaccine preventable infectious diseases and have records available to reflect this.
- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained.

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?	No action	✓

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. Improvements were needed to ensure staff had received safeguarding training at recommended intervals. 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. Improvements were needed to allow for appropriate handwashing facilities within the decontamination room. The provider had plans in place to ensure this was actioned.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. 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 carried out manual cleaning of dental instruments prior to them being sterilised.

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 staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

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 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 was in use, though both staff members had not been appropriately fit tested for filtering facepiece masks (FFP). The provider has since sent us evidence that this will be carried out.

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

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

Are services safe?

The dentist 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.

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

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. Improvements were needed to ensure all equipment was maintained according to manufacturers' instructions, including electrical appliances, for example the equipment used to heat the water. The provider is in the process of arranging for the servicing of this equipment to be carried out.

We saw that there were fire extinguishers and fire detection systems throughout the building, and the fire exits were kept clear. Regular monitoring of the fire detection equipment was also being carried out. A fire risk assessment, however had not been carried out. The provider confirmed that a fire risk assessment had now been arranged.

The practice had arrangements to ensure the safety of the X-ray equipment. On the day of the inspection, there was no evidence the practice had registered with the Health and Safety Executive (HSE) in relation to radiation protection and no Radiation Protection Advisor (RPA) had been appointed. The provider has since sent us evidence that these have been actioned.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

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

Risks to patients

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

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. On the day of the inspection, we highlighted the need to relocate the sharps bin to reduce the likelihood of injury. A sharps risk assessment had been undertaken that considered all risks.

Staff told us they had received appropriate vaccinations. Improvements were needed to ensure records were available to demonstrate that 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.

Staff had completed sepsis awareness training on 20 August 2021. This helped ensure staff made 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. Improvements were needed to ensure staff completed training in emergency resuscitation and basic life support every year.

Emergency equipment was available as described in recognised guidance. On the day of the inspection we found medicines were available as recommended, with the exception of the medicine used to treat epileptic seizures. The provider obtained the correct form of the medicine immediately after the inspection. Staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

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

Are services safe?

On the day of the inspection, the provider had information available in relation to the Control of Substances Hazardous to Health (COSHH). Improvements were needed to ensure the information is organised and easily accessible. Improvements were also needed to the risk assessments in place for individual materials to ensure they are up-to-date and mitigating actions are available.

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, 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. The introduction of a monitoring process was needed to be able to follow up with referrals made and ensure patients are seen in a timely manner.

Safe and appropriate use of medicines

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

The dentist was aware of current guidance with regards to prescribing medicines. An antibiotic prescribing audit had not been carried out to monitor prescribing procedures.

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. 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 provider had a system for receiving and acting on safety 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.

Helping patients to live healthier lives

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

The dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

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.

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 dentist 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) and the principal dentist was aware of the requirements. Improvements could however be made to ensure they understood their responsibilities under the act when treating adults who might not be able to make informed decisions.

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 dentist 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 results of these audits, the resulting action plans and improvements.

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 both staff undertook the continuing professional development required for their registration with the General Dental Council; however improvements were needed to ensure this was carried out regularly.

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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Improvements could be made to have in place a monitoring process to be able to follow up with referrals that were made and ensure patients were seen in a timely manner.

Are services well-led?

Our findings

We found this practice was providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

We found the principal dentist had the capacity, values and skills to deliver high-quality, sustainable care. They were knowledgeable about issues and priorities relating to the quality and future of the service. They understood the challenges and were addressing them.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Culture

At the time of the inspection there was only one member of staff employed at the practice and they would discuss their training needs at an appraisal. Staff could raise concerns and they had confidence that these would be addressed.

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.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good governance and management.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. As it is a very small team, they knew the management arrangements and their roles and responsibilities.

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.

Overall, we saw the provider had some processes for managing risks, issues and performance. The provider responded positively to the inspection process, implementing changes immediately after the inspection.

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.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

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 and informal discussions. Staff were able to offer suggestions for improvements to the service.

Continuous improvement and innovation

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

Are services well-led?

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.

On the day of the inspection we confirmed both staff completed 'highly recommended' training as per General Dental Council professional standards; however improvements were needed to ensure this was carried out regularly.