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The Wimbledon Dentist

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 21 March 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 dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- 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.

Summary of findings

- 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported, and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- Staff knew how to deal with medical emergencies. Improvements were required to ensure appropriate medicines and life-saving equipment were available.
- Improvements were required to the practice's systems for managing risks for patients, staff, equipment, and the premises.

Background

The Wimbledon Dentist is in Wimbledon in the London borough of Merton and provides 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 in the surrounding area. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes the principal dentist, 3 associate dentists, 4 dental nurses, 1 dental hygienist, 1 dental therapist, 1 trainee dental nurse, 1 practice manager and 3 receptionists. The practice has 3 treatment rooms.

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

The practice is open:

8.30am to 5.30pm Monday, Tuesday, and Friday

8.30am to 8pm Wednesday and Thursday

8.30am to 5pm Saturday

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.

Full details of the regulation the provider was not meeting are at the end of this report.

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

- Implement a system 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

- Take action to ensure audits of infection prevention and control are undertaken at regular intervals to improve the quality of the service. Practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

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?	No action ✓
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 providing effective care in accordance with the relevant regulations.

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.

Improvements were required with regards to procedures to reduce the risk of Legionella, or other bacteria, developing in water systems. This included ensuring monthly water temperature testing was being carried out in line with a risk assessment. We were advised that a risk assessment had been carried out in 2011; however the provider did not have the documentation to confirm this. There was no evidence that risks were reviewed since this date. The provider arranged for a risk assessment to be carried out during the week following our inspection and no significant concerns were identified.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

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.

Improvements were required to ensure the facilities were maintained in accordance with regulations. There was no fire risk assessment in place, although fire equipment was maintained appropriately. There was no electrical installation certificate report (EICR) to confirm the safety of the fixed wiring in the practice. The provider told us it was an oversight and made arrangements for this to be carried out. They contacted us shortly after the inspection to confirm a satisfactory report had been obtained.

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

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. Improvements were required with regards to assessing risks of sharps and the control of substances hazardous to health (COSHH). The sharps risk assessment did not consider all types of sharps used in the dental practice. The COSHH list did not have risk assessments for each individual item. We discussed this with the provider, and they gave us assurances that they would review this.

Emergency equipment and medicines were broadly available and checked in accordance with national guidance. However, paediatric defibrillator pads and portable suction were not available. We discussed with the provider, and they made arrangements to order them immediately. The provider contacted us the following day to confirm they had been delivered.

Staff had completed training in emergency resuscitation and basic life support every year.

Information to deliver safe care and treatment

Are services safe?

Patient care records were complete, legible, kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. Improvements were required to ensure all referrals were logged centrally and that the practice had effective system to track them to ensure patients were seen in a timely manner.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on 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 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.

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

The practice kept detailed patient care records in line with recognised guidance.

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 carried out radiography audits every three-month. This was meeting the requirements of current guidance which requires them to be completed every six-months.

Effective staffing

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

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 dentists 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.

Kindness, respect, and compassion

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

Patients feedback confirmed that 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 and information leaflet provided patients with information 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, photographs, study models, videos, X-ray images and 3 intra-oral cameras.

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 made reasonable adjustments, for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and in the patient information leaflet.

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 website, information leaflet and 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 responded to concerns and complaints appropriately. 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 practice provider demonstrated a transparent and open culture in relation to people's safety.

Improvements were required to the governance systems to ensure risks associated with undertaking of regulated activities were suitably identified and mitigated.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

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

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

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

Governance and management

Staff had clear responsibilities, roles, and systems of accountability.

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed periodically. Improvements were required to ensure the systems for managing various aspects of the service were in place. For example, there was no central system for logging and monitoring complaints, referrals, or staff training. The provider was therefore not able to give us assurances of how these were reviewed and monitored.

Improvements were required with the management of risks. The sharps risk assessment was not comprehensive and did not consider all types of sharps used within a dental practice; the COSHH risk assessment did not risk assess individual items; there was no evidence of Legionella risk assessing.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff, and external partners

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

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.

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

Are services well-led?

The practice had systems and processes for learning, quality assurance and continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements. The practice was carrying out infection control audits every 12 months. Improvements were required to ensure infection control audits were completed every 6 months in line with published guidance.

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>How the Regulation was not being met:</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 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">• The COSHH risk assessment did not assess all the risks related to substances held in the practice• The sharps risk assessment did not consider all the sharps that were present in the practice• Processes were not in place for assessing fire risks at regular intervals and in line with fire safety guidance.• There was no evidence of a Legionella risk assessment having been carried out at the practice.• The electrical installation condition report was overdue and systems were not in place to ensure it was carried out every 5 years in line with regulations. <p>Regulation 17 (1)</p>