

Prodent London Limited

Pro Dental Clinic

Inspection report

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Overall summary

We carried out this unannounced inspection on 17 August 2022 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 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:

- The dental clinic was visibly clean and well-maintained.
- The practice had some infection control procedures, but improvements were required in regard to the practice's decontamination process.
- Most emergency medicines and life-saving equipment were available as per current national guidance. However, some items were missing, and improvements were required in regard to staff awareness of the emergency kit's location. There was also scope to improve the physical checking process for the emergency equipment.
- Improvements were required in regard to the practice's procedures related to the use of X-ray equipment.

Summary of findings

- The practice had systems to help them manage risk to patients and staff.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved and 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 dental clinic had information governance arrangements.

Background

Pro Dental Clinic is located in the City of Westminster and provides private dental care and treatment for adults.

Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes three dentists, one head dental nurse, a trainee dental nurse, a dental hygienist, two receptionists, a trainee manager/treatment coordinator and a practice manager (who is also the owner of the practice). The practice has two treatment rooms.

During the inspection we spoke with a dentist, a trainee dental nurse, a trainee manager, a 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:

Monday – Friday 9am – 6pm

Saturday – 9am – 4pm

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:

- 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

- 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.

We saw the practice was visibly clean and there was an effective cleaning schedule to ensure the practice was kept clean.

The practice had some infection control procedures including for example clean and dirty areas were marked, surfaces were clean and uncluttered, instruments were inspected under illuminated magnification to ensure they were ready to be sterilised. However, not all infection control procedures reflected current national guidance as set out 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.

Improvements were required in regards to the decontamination of used dental instruments. For example, the water temperature was not checked during cleaning of dental instruments, personal protective equipment (PPE) used by staff during the decontamination process was inadequate as no visor or mask were worn, and the sterilised dental instruments were not transported in a clean container. Not all pouched instruments were date stamped, and there were unwrapped instruments in the clinical area with lack of clarity as regard reprocessing of the instruments.

We spoke with the provider about this and they told us they made arrangements for additional staff decontamination training and posters to be put up about PPE.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. For example, the provider told us there were flushing procedures at the start and end of day. However, there were no records of dental line management. There were also no records to demonstrate that water testing was carried out.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and 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 and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective.

The practice had some arrangements to ensure the safety of the X-ray equipment including local rules, and servicing documents. However, the provider could not give us assurance that a Radiation Protection Advisor had been appointed. The practice also did not assure us that staff had undertaken training related to the use of handheld equipment as per current legislation.

Are services safe?

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety however improvements were required. For example, the practice sharps policy states safer sharps were used, but the practice used traditional sharps. We spoke to the provider about this and following the inspection they stated that the policy had been updated.

Improvements were required in regard to staff awareness of sepsis. This would ensure staff recognised signs of sepsis to help them triage patients effectively.

The provider assured us they would arrange training for staff.

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular there were some items missing from the kit including, Buccal midazolam (an emergency medicine to treat epileptic seizures); a spacer inhaler to treat asthma had expired; a medicine to control blood sugar was kept in the fridge in accordance with guidance, but the fridge temperature was not being recorded to ensure the medicine was kept at the right temperature; there were no paediatric pads for the *Automated External defibrillator* (AED). The checks for the kit were inconsistent and in line with current national guidance. We spoke to the provider about this and following the inspection they told us that they had ordered the missing items.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. However, not all staff were aware where the medical emergency kit was located. We spoke to the provider about this and they told us they had arranged a team meeting to ensure all staff were aware of the kit's location.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were 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.

Safe and appropriate use of medicines

The practice had some systems for appropriate and safe handling of medicines though we noted that improvements were needed. We found local anaesthetics had been removed from blister packs and placed in treatment room draws. sent to all staff and discussed in today's meeting. Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating 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.

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.

Staff 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 dental care records in line with recognised guidance.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly on their orthopantomography (OPG) machine following current guidance and legislation. However, the practice could not provide evidence of an audit of radiographs undertaken using the handheld machine.

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.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff. Relevant policies and protocols were in place. However, improvements were required regarding the privacy notices informing people of this. The notice did not have details of who was doing the monitoring, and were not displayed at the entrance to the practice. The provider told us they would update the notices.

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.

Staff gave patients clear information to help them make informed choices about their treatment.

The practice's website/information leaflet 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 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. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

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

Timely access to services

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.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff 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 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 demonstrated a transparent and open culture in relation to people's safety.

Some information and evidence presented during the inspection process was clear and well documented, but improvements were required in regard to some records related to checks undertaken. For example, in regard to medical emergencies and water temperature checks.

Culture

Staff stated they felt respected, supported and valued.

Staff discussed their training needs during meetings with the practice manager.

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

Governance and management

The practice had a system of clinical governance in place which included policies, protocols and procedures. However, improvements were required in regard to the sharps policy and improving the checks on the medical emergency, and ensuring water temperature checks are carried out.

We saw there were some processes for managing risks, issues and performance such as ensuring a fire risk assessment was undertaken. However, improvements were required in regard to the sharps risk assessment.

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 these in protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

The practice gathered feedback from staff 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.

Continuous improvement and innovation

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

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.

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. In particular:</p> <ul style="list-style-type: none">• The AED did not have paediatric pads.• There was no asthma spacer to use with the asthma inhaler.• There was no buccal midazolam in the medical emergencies kit to manage seizures.• Glucagon was kept in the fridge, but the fridge temperature was not recorded.• Infection control processes were not in line with the current guidance. <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>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 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>

Requirement notices

How the Regulation was not being met

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:

- There were inadequate checks in place for the medical emergency kit.
- Checks of water and fridge temperatures were not consistently maintained.
- The sharps policy was not appropriate for the practice.
- There was no evidence that a RPA had been appointed.
- We were not assured that the provider had any additional training related to the use of handheld x-ray machines.

Regulation 17 (1)