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The Strawberry Hill Dental Clinic

Inspection report

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Overall summary

We carried out this announced comprehensive focused inspection on 21 October 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 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 was visibly clean and well-maintained.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- 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.
- 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.
- The practice had infection control procedures which broadly reflected published guidance.
- Improvements were needed to the systems to help the provider manage risk to patients and staff.
- Staff knew how to deal with medical emergencies.
- The practice did not have staff recruitment procedures which reflected current legislation.
- The leadership and oversight for the day-to-day management of the service needed improvements.
- There were ineffective systems to support continuous improvement

Background

The Strawberry Hill Dental Clinic is in the London Borough of Richmond upon Thames and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes the principal dentist, 1 dental nurse, 2 receptionists who undertake management duties and 1 additional practice manager. The practice has 1 treatment room.

During the inspection we spoke with the principal dentist, , the dental nurse and 1 receptionist. We also spoke with a practice manager by telephone as they were not on-site. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 10.15am to 5pm

Tuesday and Thursday 10.15am to 6pm

Friday 10am to 2.30pm.

We identified regulation 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:

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?	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 safe 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.

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

The practice had infection control procedures which broadly reflected published guidance. However, we found that the decontamination of instruments was not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance. In particular, a wire brush was in use for removing debris from instruments, and records were not available to demonstrate that the ultrasonic cleaner used by staff for cleaning instruments was validated and used in line with the manufacturers' guidance. Local anaesthetic cartridges had been removed from their packaging leaving them vulnerable to contamination.

The practice did not have adequate procedures to reduce the risk of legionella or other bacteria developing in water systems. A legionella risk assessment had not been undertaken nor a scheme of control had been implemented. Records were not available to demonstrate that water testing was carried out; staff we spoke with confirmed that they did not undertake water testing.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that a bin containing contaminated sharps was becoming dangerously full – sharps waste contents, though not above the fill line, were up to the top of the bin. Staff dealt with this immediately.

The practice did not have a recruitment policy and procedure in accordance with relevant legislation. Some recruitment checks, including for peripatetic staff, had not been carried out, in accordance with relevant legislation. In particular, there was no evidence of immunity to hepatitis B for the clinical staff or Disclosure and Barring Service (DBS) checks for three staff members. No background information had been sought for the visiting sedationist.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice ensured the facilities were maintained in accordance with regulations. In addition, we also saw evidence the provider had ensured most equipment was safe to use and maintained in line with manufacturer's guidance. The exception to this were the pressure vessels. There was no evidence that the compressor and the autoclave had been inspected or serviced in accordance with Pressure Systems Safety Regulations 2000.

A fire risk assessment was carried out in line with the legal requirements and the management of fire safety was effective. Improvements could be made by introducing formal fire safety training.

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

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included lone working and sepsis awareness. Dental Dam was used routinely to protect patients' airways. Safer sharps were not in use and the risk assessment did not reflect this.

Are services safe?

Not all emergency equipment and medicines were available. In particular, there was no Oromucosal Midazolam, a medicine used to treat prolonged epileptic fits. Following our inspection, we received evidence that this medication had been obtained.

Emergency equipment and medicines were and checked in accordance with national guidance.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training for staff providing treatment to patients under sedation was also completed.

The practice did not have adequate systems to minimise the risk that could be caused from substances that were hazardous to health. We were shown safety data sheets in relation to some hazardous substances in use at the practice, but these were out of date, incomplete or not stored as to be easily accessible if needed. There were no risk assessments or information as to how to deal with accidental exposure to hazardous substances. These practices were not in accordance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

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.

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. Improvements were required to ensure results of the audits and action plans were clearly documented.

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.

On the day of inspection, we saw 4 anonymous patient feedback forms. Patients said staff were compassionate and understanding. Patients said staff were kind and helpful 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.

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

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

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

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.

Although the practice had not carried out a disability access audit, we saw some evidence that they had made reasonable adjustments for patients with disabilities.

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 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 demonstrated a transparent and open culture in relation to people's safety.

There had been a lack of leadership and oversight at the practice. This had been recognised and steps were taken to address this during 2022 to create strong leadership. There was a strong emphasis on continually striving to improve. Following our inspection feedback, the provider completed a robust action plan to address all recommendations.

We found that all staff members worked well together. However, improvements were needed to ensure information about systems and processes was readily available and embedded in the day to day running of the practice.

The inspection highlighted some issues and omissions such as relating to Legionella risks and the control of substances hazardous to health.

The information and evidence presented during the inspection process was disorganised, including mislaid servicing documents.

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

Culture

Staff stated they enjoyed their jobs and were proud to work in the practice.

The provider told us there were informal opportunities for staff to discuss learning needs and general wellbeing. Improvements could be made to have in place formal arrangements such as an appraisal for staff to discuss their training needs. We saw evidence the provider actively supported ongoing learning with the nursing staff.

Governance and management

The practice had a management structure that required some improvements.

The governance system included policies, protocols and procedures however, we were not assured these were accessible to all members of staff. In particular, staff did not know how to access information pertaining to hazardous substances.

Improvements were needed to ensure processes for managing risks were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks regarding the control of legionella and hazardous substances.

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. On the day of inspection, we saw no evidence that the provider had registered to process data with the Information Commissioner's Office. The provider took immediate steps to address this.

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.

Are services well-led?

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

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The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.

The practice had not undertaken audits of disability access, and the radiographic and infection prevention and control audits were not carried out in accordance with current guidance . There was no evidence of any 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance
Surgical procedures	
Treatment of disease, disorder or injury	<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 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:</p> <ul style="list-style-type: none">• The risks associated with water systems were not regularly reviewed and mitigated.• The risks associated with sharps use had not been adequately assessed.• There was limited information available to staff about substances hazardous to health. This was not in accordance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002:• Risks in relation to the control and spread of infections had not been assessed and mitigated, in accordance with the Department of Health publication "Health Technical Memorandum 01-05: Decontamination in primary care dental practices".• Risks associated with pressure vessel equipment had not been assessed effectively. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the</p>

Requirement notices

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:

The registered person's recruitment procedures did not ensure that information as specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed.

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 improve the quality and safety of the services being provided. In particular:

- Audits of disability access, radiographs and infection prevention and control were not carried out in accordance with current guidance and legislation.
- Referrals were not monitored or followed up to ensure that patients received treatment in a timely manner.

Regulation 17 (1)