

Mr Colin Gaunt

Mr Colin Gaunt – North Finchley

Inspection report

831a High Road
Finchley
London
N12 8PR
Tel: 02084452994

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Overall summary

We carried out this announced comprehensive inspection on 26 September 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.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.

Summary of findings

- 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.
- 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.
- 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.
- The practice had some systems to support continuous improvements.
- The practice did not have suitable recruitment procedures to comply with current legislation.
- Care and treatment provided to patients were in line with current guidelines. Improvements were needed to ensure patient care was suitably recorded within the dental care records.
- The practice did not have systems to manage risks for patients, staff, equipment and the premises.

Background

Mr Colin Gaunt - North Finchley is in Finchley, in the London Borough of Barnet and provides NHS and private dental care and treatment for adults and children.

The practice is on the first and second floor of a high street building and not accessible for people who use wheelchairs and those with pushchairs. The practice has processes in place to communicate this to patients prior to their appointments. Car parking spaces are available near the practice.

The dental team includes the principal dentist, 6 associate dentists, 4 qualified dental nurses, 1 trainee dental nurse, 1 dental hygienist, 1 practice manager, who is a qualified dental nurse, 1 receptionist who is a qualified dental nurse, 1 receptionist and 1 administrator. The practice has 5 treatment rooms.

During the inspection we spoke with the principal dentist, 1 associate dentist, 1 dental nurse, 2 receptionists and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday 8.30am to 5.30pm

Alternate Saturdays 8.30am to 5.30pm.

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.

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.

The practice had infection control procedures which generally reflected published guidance. Improvements could be made to ensure the flooring in the treatment rooms was impervious and coved to the wall. The principal dentist told us that the flooring would be replaced as part of the refurbishment work planned for December 2023.

The procedures to reduce the risk of Legionella or other bacteria developing in water systems were ineffective. A Legionella risk assessment dated 18 May 2023 was made available for review. This made a number of high and medium risk recommendations, including the upgrading of the cold water storage tanks (CWST) to ensure they were compliant with the Water Supply Regulations 1999, conducting regular monthly temperature checks of the hot and cold-water outlets and the hot water heater, flushing not regularly used outlets on a weekly basis, inspecting the CWSTs annually and undertaking water testing on a quarterly basis. The risk assessment also recommended that outlets should be descaled, and actions logged in the remedial work log, the provider should confirm whether back flow prevention devices were installed and whether the supply to the sinks was mains or tank fed. In addition, it was recommended that the practice obtained an up to date drawing of all domestic hot and cold-water services on site and considered the installation of a temperature gauge and use of a surface probe to monitor the flow line temperature. The provider could not demonstrate that these recommendations had been acted upon within the given time frame. We were not assured that the practice had acted promptly in response to the risk assessment findings to ensure risks around Legionella and other bacteria developing in the water systems were controlled and mitigated. Following the inspection, the provider told us that a new Legionella risk assessment had been booked and remedial work would be 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 appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice recruitment policy and procedure to help them employ suitable staff did not reflect the relevant legislation. We reviewed 8 staff recruitment records. We noted that 5 members of staff did not have the required Disclosure and Barring Service (DBS) checks on record. There was no evidence that the provider had undertaken checks of satisfactory conduct in previous employment for 2 members of staff. Three members of clinical staff did not have evidence of antibody blood tests to indicate their immunity to Hepatitis B. Following the inspection, the provider told us that – they had applied for the missing DBS checks and made arrangements to complete the missing Hepatitis B antibody blood tests.

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

The practice had some systems in place to ensure- equipment was safe to use, maintained and serviced according to manufacturers' instructions. We saw evidence that the autoclaves and the compressor had been serviced in line with the relevant regulations. The practice ensured the fixed-wired electrical installation testing and portable appliance testing had been undertaken.

Are services safe?

The management of fire safety was ineffective. A fire risk assessment dated 18 June 2023 was made available for review. This recommended that a fire blanket should be fitted in the staff room. We noted that this recommendation had not been acted upon. We were shown the fire alarm servicing report dated 19 May 2022. This stated that the fire alarm back up batteries failed on load test, and this meant that it would not have adequate power to run the system in the event of the mains failure. The report further stated that the control panel was faulty and the panel buzzer did not appear to be working or had been removed; a replacement panel was required for the panel to be compliant with British Standards. The report also mentioned that the sterilisation room did not appear to have suitable automatic fire detection installed. The provider could not demonstrate that they had taken action to address these findings.

In addition, the provider could not demonstrate that periodic in-house checks of the fire safety equipment and annual servicing of the emergency lighting and fire extinguishers had been undertaken. Fire evacuation drills were not carried out.

Following the inspection, the provider submitted evidence that the fire extinguishers had been serviced on 28 September 2023 and the fire blanket for the staff room had been ordered. In addition, the provider stated that they had requested quotes for the remedial work on the fire alarm.

The practice had some arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The 3-yearly performance checks for the 5 intraoral X-ray units had been undertaken. Improvements were needed to ensure the annual electro-mechanical servicing was undertaken on all radiography units. During the inspection the provider told us that they were not aware that annual electro-mechanical servicing in addition to the 3-yearly performance checks were required. Following the inspection, we were informed by the provider that the electro-mechanical servicing for the 5 intraoral X-ray units had been booked for 10 October 2023.

Risks to patients

The practice had - some systems in place to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. Improvements were needed to ensure there were arrangements in place to identify and mitigate the risks arising from staff working alone. Following the inspection, the provider submitted a lone worker risk assessment dated 27 September 2023.

Most emergency equipment and medicines were available and checked in accordance with national guidance. However, on the day of inspection we noted that the practice had intravenous Midazolam and not Buccal Midazolam, as recommended in the current guidance. In addition, there were no clear face masks for the self-inflating bag. The practice took immediate action, and they placed an order for the missing medical emergency items.

Staff knew how to respond to a medical emergency and undertook annual training in emergency resuscitation and basic life support.

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

The practice had systems for referring patients with suspected oral cancer under the national 2-week wait arrangements. Improvements were needed to ensure there were systems in place to monitor referrals - made under the national 2-week wait pathway. In addition, improvements could be made to track and monitor routine referrals made to other services for treatments the practice did not offer.

Safe and appropriate use of medicines

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

Are services safe?

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.

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

Most clinicians kept detailed patient care records in line with recognised guidance. However, we noted that one clinician had not entered notes of the clinical care provided on a number of occasions. We brought this to the principal dentist's attention and discussed that record card keeping audits should be suitable to identify such failures and to drive improvement across the whole team.

We asked about supporting more vulnerable members of society such as patients living with dementia or adults and children with learning disability. Staff conveyed an understanding of how such support can be provided. In addition, we saw evidence that staff completed training in interacting with people with a learning disability and autistic people.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits 6-monthly following current guidance.

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. Improvements could be made to ensure referrals made to specialists in primary and secondary care for treatment were monitored. Following the inspection, the practice submitted a referral template they intended to use in the future.

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 spoke with 2 patients; both patients told us they were satisfied with the care they received. They also said 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 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 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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

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.

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 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 principal dentist had overall responsibility for the management and clinical leadership of the practice and the practice manager was responsible for the day to day running of the service. Staff were aware of the management arrangements within the practice.

We found that the provider had the capacity, values and commitment to deliver high quality services. However, the lack of effective risk management impacted the service's ability to deliver safe care.

The information and evidence presented during the inspection process was clear and well documented.

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 and 1 to 1 meetings. 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

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

The processes for managing risks were ineffective. The practice did not have adequate systems in place for identifying, assessing and mitigating risks in areas such as recruitment of staff, Legionella and fire safety.

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, 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.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control.

Are services well-led?

Staff kept records of the results of these audits and the resulting action plans and improvements. Improvements could be made to ensure the antimicrobial prescription audit reflected the most recent guidance published by the College of General Dentistry (CGDent): Antimicrobial Prescribing in Dentistry. Further improvements could be made to ensure the record card keeping audits included the review of all clinicians' record keeping practice.

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>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 procedures to mitigate the risk of Legionella or other bacteria developing in water systems were ineffective.• The management of fire safety was ineffective.• Electro-mechanical servicing on the intraoral radiography units had not been carried out annually or in line with the manufacturer's recommendations.• There were no systems in place to monitor referrals, including those made under the national 2-week wait pathway. <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>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>

Requirement notices

The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained - in respect of each service user. In particular:

- Patient care records for a number of appointments were missing.

The registered person had systems and 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 activities. In particular:

- Disclosure and Barring Service (DBS) checks had not been obtained for all members of staff at the point of employment.
- The provider had not undertaken checks of satisfactory conduct in previous employment for all members of staff.
- Not all members of clinical staff had evidence of antibody blood tests to demonstrate their immunity to Hepatitis B.

Regulation 17(1)