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# The Rickmansworth Dental Centre

## Inspection report

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### Overall summary

We carried out this announced comprehensive inspection on 8 August 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.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which mostly reflected current legislation.
- Clinical staff provided patients' care and treatment in line with current guidelines.

# 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 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. Appropriate medicines and most life-saving equipment were available.
- Some of the practice's infection control procedures did not reflect published guidance.
- The practice had limited systems to help them manage risk to patients and staff. There were shortfalls in the assessment and mitigation of risks in relation to fire, legionella, lone working, the Control of Substances Hazardous to Health and management of medical emergencies

## Background

Rickmansworth Dental Centre is in Rickmansworth, Hertfordshire and provides NHS and private dental care and treatment for adults and children.

There is a step into the practice reception area with a flight of stairs leading to the treatment rooms. A stairlift is available for people who have mobility difficulties. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes a dentist, a trainee dental nurse, 2 dental hygienists and a receptionist. The practice has 2 treatment rooms.

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

The practice is open:

Monday, Tuesday, Wednesday, Thursday from 8.30am to 5.30pm

Friday from 8am to 1pm

Saturday (1 per month) from 9am to 1pm.

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 is not meeting are at the end of this report.**

# Summary of findings




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

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff. In particular, satisfactory evidence of conduct in previous employment (references).
- Improve the practice's systems for environmental cleaning taking into account current national specifications for cleanliness in the NHS.
- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- Take action to ensure audits of record keeping, and antimicrobial prescribing 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.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>Requirements notice</b>	
<b>Are services effective?</b>	<b>No action</b>	
<b>Are services caring?</b>	<b>No action</b>	
<b>Are services responsive to people's needs?</b>	<b>No action</b>	
<b>Are services well-led?</b>	<b>Enforcement action</b>	

# 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 clinical staff had completed training in safeguarding children and vulnerable adults to level 2. Although the receptionist had not recently completed training appropriate to their role, they were able to describe and had awareness of the signs and symptoms of abuse and neglect and how to report concerns. The practice had a whistleblowing policy in place.

Improvements were required to the practice infection control procedures in accordance with the Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance. In particular, relating to the storage of dental instruments. On the day of inspection, we observed unpackaged dental instruments stored in open trays on the work top of the dental surgery. In addition, there were undated instrument packs, and some packs which were dated 2019. This is not in-line with the guidance that states sterilised dental instruments should be transported and stored in a way that minimises contamination, and that instruments are suitable for storage for up to 12 months in their original packaging as long as their packaging is intact. Additionally, the practice was not completing audits of their infection prevention and control and decontamination processes. We were not provided with evidence to show that the dentist or hygienists had undertaken training in infection prevention and control or decontamination procedures.

The practice had some procedures to reduce the risk of legionella or other bacteria developing in water systems, in line with a risk assessment which had been completed by the provider in February 2023. The assessment included an inspection of the cold-water tank. However, we did not see evidence to demonstrate that they were competent to make the assessment. We saw that water temperature checks were completed monthly and quality checks were completed quarterly; and that water temperatures were in accordance with current guidance. However, on the day of inspection we observed limescale build up on the taps in 1 surgery. We were told that an infrequently used shower outlet had been decommissioned but we did not see any arrangements to show that other actions to manage the infrequently used outlet had been undertaken such as the regular flushing of the water outlet.

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. However, improvements could be made as the practice did not have a cleaning schedule in place to ensure that it was kept clean, and it was unclear which areas the mops were being used as 2 of the 3 mops were the same colour.

The practice had a recruitment policy and procedure to help them employ suitable staff. However, satisfactory evidence of conduct in previous employment (references) had not been obtained for staff members. The provider had some information about the agency dental nurse they employed including registration with the General Dental Council and evidence of indemnity. We were not provided with evidence to show that staff had received a formalised induction.

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

# Are services safe?

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were mostly maintained in accordance with regulations. However, a 5-yearly Electrical Installation Condition (fixed wiring) check had not been completed.

A fire safety risk assessment was completed by the dentist and reviewed in January 2023 although we did not see any evidence that they had the qualifications, skills, competence and experience to do so. The risks associated with fire had not been appropriately assessed or mitigated and not all staff had received fire training. There was no emergency lighting although we observed that there were areas in the practice which were poorly lit. We observed a large volume of inflammable items stored in the attic which had been identified in the risk assessment although no action had been taken to address this risk. Regular testing of the smoke alarms was not undertaken and on the day of inspection, we saw that the batteries in the smoke alarms had been removed. Batteries were replaced on the day. In addition, fire evacuation drills were not undertaken.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. However, the last electro-mechanical service of the X-ray unit was completed in 2020 which coincided with the most recent 3-yearly performance test.

## **Risks to patients**

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety which included sharps safety. However, improvement was required to the assessment and mitigation of risks associated with lone working as the practice had not completed a lone working risk assessment for the hygienists who worked without chairside support or the cleaner who attended the practice after working hours.

Staff had not completed training in sepsis awareness. Immediately after the inspection we were provided with evidence that a sepsis poster was obtained for the patient waiting room.

The dentist told us that they did not use dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. However other methods were used to protect the airway, and we saw this was documented in the dental care record.

Not all emergency equipment and medicines were available and checked in accordance with national guidance. In particular, we saw that the practice did not have a child size self-inflating bag with reservoir and the adult size bag was in an unsealed package and was undated. There were no clear face masks for use with the self-inflating bag. The practice had one size of needles and syringes, which were out of date, for the administration of adrenaline (a medicine to manage a severe allergic reaction). The Glucagon (a medicine to treat low blood sugar) was stored in a fridge that was not temperature monitored to ensure the medicine was stored according to the manufacturer's instructions. Immediately after the inspection we were sent evidence that adult and child size self-inflating bags with reservoir, clear face masks, replacement needles and syringes had been obtained.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year.

Improvement was required to minimise the risks that could be caused from substances that are hazardous to health in accordance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. On the day of inspection, we were provided with Safety Data Sheets for some dental materials however there were no risk assessments for these products or any information or assessment of risk for general or dental cleaning products or the X-ray chemicals used in the practice. In addition, we saw that the containers used to store the X-ray chemicals were not labelled.

## **Information to deliver safe care and treatment**

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

# Are services safe?

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 systems for appropriate and safe handling of medicines. We saw that the practice logged all prescriptions issued to patients. There was scope to improve the records relating to prescription pads kept at the practice to ensure all prescriptions pads could be accounted for. Antimicrobial prescribing audits were not 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.

### **Helping patients to live healthier lives**

The practice provided preventive care and supported patients to ensure better oral health. A small selection of oral health products was available for sale to patients.

### **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. These audits were however not being undertaken six-monthly as per current guidance. The practice had completed a radiography audit in February 2023; the previous audit was carried out in 2019.

### **Effective staffing**

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

Clinical staff completed continuing professional development required for their registration with the General Dental Council. We were not provided with evidence to show that newly appointed staff had a structured induction.

### **Co-ordinating care and treatment**

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.



# 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 reviewed patient feedback and also spoke with 1 patient. Feedback from patients indicated that they were very happy with the care they had received at the practice.

Patients 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 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, study models, videos 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.

The practice had made reasonable adjustments, including the provision of a stair lift for patients with access requirements. However, the practice had not carried a disability access audit to assess how to make additional improvements for patients to access the service.

### **Timely access to services**

The practice displayed its opening hours and provided information on their website and 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 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. Improvement could be made to ensure that information about how to complain was made readily available to patients in the practice.

# 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 and Enforcement Actions 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 staff demonstrated a transparent and open culture in relation to people's safety. However, improved oversight was needed to ensure there was an understanding of the essential requirements and regulations.

The information and evidence presented during the inspection process was not always clear, available and well documented.

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

### **Culture**

The practice team was small.

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

We saw evidence that 1 member of the team had received an appraisal. Members of the team discussed learning needs, general wellbeing and aims for future professional development during informal 1 to 1 meetings.

The practice had limited systems 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 to support governance and management.

The practice had a governance system which included most policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis. However, we noted that the practice did not have a Duty of Candour policy and the infection prevention and control policy contained information about the storage of dental instruments that was outdated.

Although there were processes for managing some risks, issues and performance, we found shortfalls in assessing and mitigating risks in relation to fire, premises, equipment, Legionella, substances hazardous to health, and emergency equipment and medicines.

### **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 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**

# Are services well-led?

The practice had limited systems and processes for learning, quality assurance, continuous improvement. Radiography audits were completed although not at the recommended frequency. We did not see evidence that audits of patient care records, disability access, antimicrobial prescribing, and infection prevention and control were completed.

## 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"><li>• Infection prevention and control procedures, especially the storage of sterilised dental instruments, were not carried out in accordance with the Health Technical Memorandum 01-05: Decontamination in Primary Care Practices (HTM-01-05) to protect patients against unsafe care.</li><li>• The provider had not ensured that all risks associated with fire had been effectively assessed and mitigated and that fire safety processes were effective in line with Fire Safety Legislation. For example, the risk assessment had not been carried out by a competent person, smoke alarms were not in working order and tested regularly and fire evacuation drill were not undertaken.</li><li>• A 5-yearly electrical fixed wire test had not been undertaken.</li></ul> <p>Regulation 12(1)</p>

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

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 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"><li>• The provider could not demonstrate that the systems and processes to assess and mitigate the risk of Legionella at the practice were effective.</li><li>• The risks associated with lone working had not been effectively assessed and mitigated for the hygienists who worked without chairside support and the cleaner.</li><li>• Processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002, did not ensure risk assessments were undertaken for all dental and cleaning products.</li><li>• The temperature of the fridge where Glucagon (the medicine used to manage low blood sugar) was stored was not monitored to ensure the medicine was stored at the manufacturer's recommended temperature.</li><li>• The provider did not ensure that all the staff had received appropriate training to undertake their role for example in the safeguarding of children and vulnerable adults, infection prevention and control and decontamination processes, sepsis, and fire safety awareness.</li></ul>

## Enforcement actions

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

- Infection prevention and control audits were not completed in accordance with the Health Technical Memorandum 01-05: Decontamination in Primary Dental Practices.
- Audits of dental radiographs were not carried out every 6 months in accordance with relevant guidance.
- A disability access audit, in line with current legislation had not been carried out.
- Staff were not provided with a formalised induction programme.

Regulation 17 (1)