Dr. Jonathan Ziff

The London Road Dental Practice

Inspection report

77-79 London Road
Coalville
LE67 3JB
Tel: 01530832392

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Overall summary

We carried out this announced comprehensive inspection on 3 November 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 appeared to be visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance. We found these were not always applied consistently.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were not always available as required.

Summary of findings

- Systems to help manage risk to patients and staff were not always effective.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Not all staff had completed training to an appropriate level.
- Staff recruitment procedures did not reflect current legislation. Required pre employment information was not always available.
- 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.
- Governance and oversight procedures were not effective. Systems were not embedded, and ongoing monitoring of the safety and effectiveness of the service was not always carried out.
- 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

The provider has 1 practice and this report is about The London Road Dental Practice.

The London Road Dental Practice is in Leicestershire 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 are not available near the practice. The practice has made limited adjustments to support patients with additional needs.

The dental team includes 5 dentists, 5 dental nurses (2 of whom are trainees), 1 dental hygienist,1 receptionist, 1 clinical lead, 1 accounts manager and 1 reception manager. The practice has 6 treatment rooms.

During the inspection we spoke with 3 dentists, 2 dental nurses, 1 dental hygienist, 1 receptionist, the clinical lead, accounts manager and reception manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 5.30pm.

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 is not meeting are at the end of this report.

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

Summary of findings

- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

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 found that not all staff had completed appropriate training in safeguarding vulnerable adults and children. Information in the safeguarding policy was not always accurate. For example, contact details were incorrect and staff identified as safeguarding leads had never worked at the service.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The decontamination of instruments was not always carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance. For example, records of water temperatures were not kept, on the day of the inspection the ultrasonic cleaner was overloaded with instruments which would limit its effectiveness. Records to confirm the correct operation of the autoclave and vacuum steriliser, including servicing records and downloads of the data logger were not always maintained.

The practice did not have adequate procedures to reduce the risk of legionella or other bacteria developing in water systems. Records were not available to demonstrate that water testing was carried out in line with guidance and recommendations of the risk assessment. We identified multiple occasions when the temperatures recorded failed to meet the recommended levels. No evidence was available to confirm action was taken to address or report these concerns.

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

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

The practice had a recruitment policy and procedure to help them employ suitable staff. We found these were not applied effectively and recruitment checks had not been carried out, in accordance with relevant legislation. We reviewed 6 staff recruitment files. Four did not contain evidence of disclosure and barring service (DBS) checks, 5 did not contain evidence of references from previous employers, despite these being offered during the application process, and 2 did not contain evidence of the staff members employment history to confirm previous experience.

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

The practice did not ensure equipment such as the ultra-sonic cleaner was safe to use and maintained and serviced according to manufacturers' instructions.

The practice did not ensure the facilities were maintained in accordance with regulations. A satisfactory five year electrical safety certificate was not available.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Including: Cone-beam computed tomography (CBCT).

Risks to patients

Evidence was not available to confirm the practice had carried out a fire risk assessment to help them manage risks to staff and patients.

Are services safe?

Risks associated with the dental hygienist working without chair side support were not appropriately managed. For example, the process for them to request assistance in an emergency was not effective. Risk of injury from the use of sharps were not managed effectively. The policy lacked detail and did not reflect working practices at the service.

Emergency equipment and medicines were not always available and checked in accordance with national guidance. In particular, adult pads for use with a defibrillator, required replacing as they had exceeded the manufacturers recommended use by date. We saw evidence these were ordered during our inspection.

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

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 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 systems for appropriate and safe handling of medicines were not always effective. We found a number of dental materials available in a clinical fridge that had exceeded their safe use by date. This included items that expired in 2013, 2018 and 2019. We noted that information regarding who had dispensed medicines was not always recorded accurately on packaging. The provider took action immediately to address this. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented a very robust and effective systems for review and investigating when things went wrong. 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.

The Specialist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

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 (MCA).

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 did not keep detailed dental care records in line with recognised guidance. In particular, we found that periodontal assessments, specifically 6 point pocket charts, were not recorded as completed.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty. For example, longer appointment times were booked for people who required them.

We saw evidence the dentists justified, graded and reported on the radiographs they took.

The practice had not carried out radiography audits six-monthly following current guidance and legislation.

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.

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 and 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 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.

The practice had made limited adjustments for patients with disabilities. Staff had carried out a disability access audit, we did not see an action plan to improve access for patients. Dedicated parking for people with reduced mobility, hearing loop, magnifying glass and a low level reception desk were not available.

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 was an established leadership team who were committed to improving the service for patients and staff. We noted that management staff demonstrated the skills, competence and commitment to their roles but also carried out clinical work and did not have sufficient protected time to carry out their governance and oversight duties effectively.

Systems and processes were not embedded among staff. Assessments of risk and monitoring and completion of risk assessments were not always carried out effectively.

The inspection highlighted some shortfalls in relation to fire risk assessment, sepsis awareness and training for staff, recording of effective decontamination processes, pre employment recruitment checks, sharps safety and medicines management.

The information and evidence presented during the inspection process was not always clear. The filing and storage system was not accessible to all staff.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities. For example, dental nurses were qualified in radiography, impression taking and fluoride application.

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 during clinical supervision. 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 did not have effective governance and management arrangements.

The governance system included policies, protocols and procedures however we were not assured these were accessible to all members of staff.

The practice did not have clear and effective processes for managing risks, issues and performance. For example, although we found analysis of complaints, incidents and accidents was effective, however a process was not in place to share any learning from this analysis with staff.

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

Are services well-led?

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 and informal discussions. We found that staff meetings were held infrequently and no other formal process for gathering and acting on staff feedback was established.

Continuous improvement and innovation

The practice had systems and processes in place for learning, continuous improvement and innovation. We found these were not effective and were applied inconsistently.

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement. The practice had not undertaken audits of radiographs in accordance with current guidance and legislation.

This section is primarily information for the provider

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	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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: • There were shortfalls in systems for monitoring and improving quality. For example, audit activity for radiography was not completed six monthly and did not result in improvement to the service. 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 might be at risk. In particular: • Oversight of medical emergency equipment checks required review as the defibrillator pads had passed the recorded expiry date. • Staff recruitment processes were not in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Disclosure and barring service checks were not completed for 4 staff members and references from previous employers were not available for 5 staff members. • Incident reporting processes required review. Although incidents had occurred analysis from investigations had not been shared for learning and to drive improvement. • The provider had failed to routinely service the ultrasonic machine and had not undertaken a five yearly fixed electrical wire test.

This section is primarily information for the provider

Requirement notices

- Legionella monitoring checks of water temperature were not recorded accurately. Where issues were identified, action was not taken.
- Risk assessments had not been undertaken in relation to safety issues pertaining to lone working and fire safety. The sharps risk assessment required further detail.
- Monitoring of expired stock and medicines was not effective as multiple expired medicines and dental materials were found.