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Oracare Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 11 March 2019 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 provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a 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:

Are services safe?

We found that this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was not providing well-led care in accordance with the relevant regulations.

Background

Oracare Dental Practice in the London Borough of Harrow. The practice provides predominantly private treatments and limited NHS treatment to patients of all ages.

The practice is situated close to public transport bus services.

The dental team includes the principal dentist who owns the practice, one associate dentist, three dental nurses, one trainee dental nurse and a receptionist.

Summary of findings

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

On the day of inspection we received feedback from 15 patients including patents we spoke with during the inspection.

During the inspection we spoke with the principal dentist, a dental nurse and the receptionist.

We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 9.30am to 2pm

Wednesday to Saturday 9.30am to 5pm

Our key findings were:

- Staff treated patients with dignity and respect and took care to protect their privacy.
- The appointment system met patients' needs.
- The practice appeared clean and well maintained.
- The practice had arrangements to deal with complaints positively and efficiently.
- The practice asked patients for feedback about the services they provided
- The practice safeguarding policies was up to date, there was information to assist staff on how to report concerns to the local safeguarding agencies
- The practice had infection control procedures which reflected published guidance.
- Dental unit waterlines were disinfected as per national guidelines though further improvements were needed as a Legionella risk assessment had not been carried out.
- Staff knew how to deal with emergencies. Improvements were needed so that the recommended emergency medicines and life-saving equipment were available.
- We saw records confirming the servicing, maintenance and regular checks of equipment and appliances. Improvements were required as the electrical five-year fixed wire safety certificate had not been obtained. The provider sent evidence to show this had been booked to take place in the next few days.
- Radiography and Infection control audits were not carried out in accordance with current guidelines.
- There was ineffective leadership and a lack of clinical and managerial oversight for the day-to-day running of the service.
- The practice did not have suitable information governance arrangements.

We identified regulations the provider was not meeting. 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 

We found that 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).

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

There were systems to use learning from incidents and complaints to help them improve.

Staff were qualified for their roles and the practice completed essential recruitment checks.

The practice followed national guidance for cleaning, sterilising and storing dental instruments.

Improvements were needed to the systems to mitigate risks associated with Legionella as a risk assessment had not been carried out.

Fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested.

Improvements were needed to ensure that risk assessments were carried out in relation to health and safety and fire.

. Improvements were needed to ensure the availability of the recommended emergency medicines and equipment.

Are services effective?

No action

We found that this practice was providing effective care in accordance with the relevant regulations

Patients described the treatment they received as very good and excellent. Some patients told us that the dentist always explained their treatment in detail.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as excellent, caring and professional.

The dentist discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

Improvements were needed to the practice's protocols for referral of patients and ensure that routine and urgent referrals were followed up promptly.

Summary of findings

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 15 people. Patients were positive about how they were treated. They told us staff were caring and friendly. They said that the dentist always helped to put them at ease if they were nervous.

Patients said that their dentist listened to them and helped them to understand the treatment provided including any options available.

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

No action ✓

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain. Patients commented that they received treatment in a timely manner.

Staff considered patients' different needs and had made arrangements to support them. There was step free access to the practice and accessible toilets facilities were available.

The practice had arrangements to help patients whose first language was not English and those with sight or hearing loss should these be required. Improvements were needed as a Disability Access Audit had not been carried out. The provider sent evidence to show this had been booked to be undertaken.

The practice had arrangements to respond to and deal with complaints.

Are services well-led?

Requirements notice ✗

We found that this practice was not providing well 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).

There were in-effective management systems and a lack of suitable clinical and managerial oversight that affected the day to day management of the practice.

The practice had not assessed and mitigated risks in relation to Legionella, fire, and health and safety.

There was a lack of effective arrangements to review and improve the quality of services provided, and audits in infection prevention and control, disability access and radiography had not been carried out.

Are services safe?

Our findings

Safety systems and processes (including staff recruitment, Equipment & premises and Radiography (X-rays))

The practice had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that staff received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. Details of the local reporting authority were readily available to all staff.

The practice had a system to highlight vulnerable patients in their records e.g. adults where there were safeguarding concerns, people with a learning disability or a mental health condition, or who required other support such as with mobility or communication.

The practice had a whistleblowing policy. Staff told us that they felt confident they could raise concerns without fear of recrimination.

The dentists used dental dams in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where the rubber dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway,this was suitably documented in the dental care record and a risk assessment completed.

The practice had a business continuity plan describing how the practice would deal with events that could disrupt the normal running of the practice.

The practice had a staff recruitment policy and procedure to help them employ suitable staff and also had the appropriate checks in place for agency and locum staff. We looked at three

staff recruitment records. These showed that the practice followed their recruitment procedure.

We noted that clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions, including gas appliances. We saw records confirming the servicing, maintenance and regular checks of these appliances. Improvements were required as the electrical five-year fixed wire safety certificate had not been obtained. The provider sent evidence to show this had been booked to take place in the few days after the inspection.

Records showed that fire detection and firefighting equipment such as smoke detectors and fire extinguishers were regularly tested. Improvements were need as a fire risk assessment had not been carried out. The provider sent evidence to show this had been booked

The practice had suitable arrangements to ensure the safety of the radiography equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

The practice had current employer's liability insurance.

The principal dentist told us that a dental nurse worked with them when they treated patients in line with GDC Standards for the Dental Team.

We looked at the practice's arrangements for safe dental care and treatment. Staff followed relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, staff told us that they disinfected the dental unit waterlines. Improvements were required as a Legionella risk assessment had not been undertaken to assess risks. The provider sent evidence to show this had been booked.

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

Are services safe?

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including the vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

The practice had policies and procedures in place to assist staff to respond promptly and appropriately to medical emergencies. These included regular updates and staff participation in medical emergency scenarios. Staff we spoke with demonstrated that they understood and followed these procedures. Staff completed training in emergency resuscitation and basic life support (BLS) every year.

Emergency equipment and medicines were available as described in recognised guidance with the exception of clear face masks for self-inflating bag (sizes 0, 1, 2, 3, 4).

The Glucagon injection was past its use-by date and Midazolam (buccal) was not available. The provider sent evidence to show these had been ordered.

A dental nurse worked with the dentists when they treated patients, in line with GDC Standards for the Dental Team.

The provider had suitable risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

The practice had an infection prevention and control policy. Records showed autoclaves used by staff for sterilising instruments were maintained, tested daily and validated. Improvements were needed as the ultra-sonic bath had not been maintained in line with guidance. The provider sent evidence to show a new ultra-sonic bath had been ordered and told us the old one was no longer being used.

The practice had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff had received infection prevention and control training and received updates as required.

Improvements were needed so that the practice carried out infection prevention and control audits twice a year in line with current national guidance.

The practice had systems in place to ensure that any work was disinfected prior to being sent to a dental laboratory and before treatment was completed.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at a sample of dental care records to confirm our findings and noted that individual records were written and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation (GDPR) requirements.

Safe and appropriate use of medicines

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety and Lessons learned and improvements

There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons identified themes and acted to improve safety in the practice.

Improvements were needed as a practice risk assessment had not been completed.

There were no systems in place for receiving and acting on and sharing safety alerts such as those issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).The provider has since signed up to receive the alerts.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment, care and treatment

The practice had systems to keep dental practitioners up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in dental implantology. The provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

The practice was providing preventive care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

The principal dentist told us that they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children and adults based on an assessment of the risk of tooth decay.

The principal dentists told us that where applicable they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The principal dentist told us that they gave patients information about treatment options and the risks and benefits of these so that they could make informed decisions. Patients confirmed that their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to the legal precedent Gillick competence by which a child under the age of 16 years of age can consent for themselves. The staff were aware of the need to consider this when treating young people under 16 years of age.

Monitoring care and treatment

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentist assessed patients' treatment needs in line with recognised guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a period of induction based on a structured induction programme. We confirmed that clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Staff had the skills, knowledge and experience to carry out their roles. Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

There were arrangements in place to discuss individual training and development needs for the dentists. We noted that there were no systems in place for appraisal or personal development reviews for the dental nurses or the receptionist.

Co-ordinating care and treatment

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide.

The practice also had systems and processes for referring patients with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Improvements were also needed so that the practice monitored referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

Staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were respectfully and caring. We saw that staff treated patients appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting areas provided privacy when reception staff were dealing with patients. Staff told us that if a patient asked for more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave patients' personal information where other patients might see it.

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 be involved in decisions about their care and were aware of the requirements under the Equality Act and the Accessible Information Standards (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services could be made available for patients who did not have English as a first language.
- Patients were also told about multi-lingual staff who might be able to support them.

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

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

The dentist we spoke with described to us the methods they used to help patients understand treatment options discussed. These included for example, pictures, models and X-ray images

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice took account of patient needs help them plan routine appointments and to manage appointments for emergency dental treatments. Patients said that they were able to access appointments that were convenient to them.

Patients described high levels of satisfaction with the responsive service provided by the practice, with some saying that they were seen on the same day when needed.

Staff told us that they currently had some patients for whom they needed to make adjustments to enable them to receive treatment. Improvements were needed as A Disability Access audit had not been carried out. The provider sent evidence to show this had been booked to take place in the next few days.

There was step free access to the practice and accessible toilets facilities were available which were fitted with a handrail.

Timely access to services

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

The practice displayed its opening hours in the premises and on their website.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients' feedback indicated that they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

They took part in an emergency on-call arrangement with 111 out of hour's service.

The practice website, information leaflet, answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed that they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The principal dentist was responsible for dealing with any formal or informal comments, and concerns were dealt with straight away so that patients received a quick response.

The principal dentist told us that they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. A copy of the complaints procedure and information about organisations patients could contact if not satisfied with the way the practice dealt with their concerns, was displayed in the patient waiting area.

We looked at comments, compliments and complaints the practice received in the past 12 months. These showed that the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Leadership capacity and capability

The principal dentist had responsibility for the leadership and management arrangements within the practice.

Vision and strategy

The principal dentist told us that they had a vision to deliver services to meet the needs of patients.

Culture

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

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

Governance and management

The practice had some policies, procedures and protocols, which were accessible to all members of staff. Improvements were needed as staff lacked the understanding of polices and procedure that were needed for the smooth running of the practice.

There were limited processes for identifying and managing risks, in particular those associated with health and safety, fire and Legionella.

Appropriate and accurate information

The practice 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

The practice used reviews and comments to obtain patients' views about the service. Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. We looked at the most recent reviews which showed that 100% of patients who participated in the FFT would recommend the dental practice to their family and friends.

There were limited formal opportunities for discussion and sharing of ideas amongst staff. The principal dentist told us that the last staff meeting was carried out in October 2018.

Continuous improvement and innovation

Improvements were needed so that there were systems and arrangements in place to continuously monitor and improve the quality and safety of the service. This related to ensuring that audits in relation to disability access, radiography and infection control were carried out in accordance with current guidelines.

Improvements were needed to the arrangements for appraising and supporting other members of staff to Identify learning and development needs.

Staff completed 'highly recommended' training as per General Dental Council professional standards. This included undertaking medical emergencies and basic life support training annually. The provider supported and encouraged staff to complete CPD.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** **The registered persons 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: • There were ineffective arrangements for assessing and mitigating Legionella risk assessment within the practice • There were ineffective arrangements for assessing and mitigating Fire Risk assessments. • There was lack of availability of medicines and equipment for dealing with medical emergencies. • There were no systems in place for receiving and acting on and sharing safety alerts such as those issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS), as well as from other relevant bodies, such as Public Health England (PHE).The provider has since signed up to receive the alerts. **Regulation 12(1)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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

This section is primarily information for the provider

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 ineffective arrangements to ensure that the practice policies and procedures were up to date and in accordance with current legislation and guidance.
- There was lack of effective arrangements for ensuring referrals were monitored suitably.

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:

- There were ineffective systems for the appraisal and supervision of dental nurses and administrative staff.
- There were ineffective systems to ensure audits of various aspects of the service, such as disability access, radiography and infection prevention and control were undertaken at regular intervals to help improve the quality of service.

Regulation 17(1)