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Ardleigh Green Dental Clinic

Inspection report

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Date of inspection visit: 26 April 2022
Date of publication: 30/05/2022

Overall summary

We carried out this announced focused inspection on 26 April 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 usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

• Is it safe?

• Is it effective?

• Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies; however, buccal midazolam was not available on the day.
- The systems to manage risk to patients and staff needed improvement.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation; however, this was not always followed when recruiting new staff members.
- Improvements were needed in relation to the practice governance arrangements.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.

Summary of findings

- X-ray equipment had not received routine radiological tests as per recommended guidance.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements, however, this needed strengthening to ensure all areas were covered appropriately.
- Audits were not undertaken at regular intervals to improve the quality of the service.

Background

The provider has one practice and this report is about Ardleigh Green Dental Clinic.

Ardleigh Green Dental Clinic is in the London Borough of Havering; North East London. The practice provides NHS and private dental care and treatment for adults and children.

The practice is easily accessible by local transportation including London Underground. It does not have a car park, however, there is permit free parking on surrounding streets. The practice consists of three treatment rooms, reception and waiting area, a toilet and a kitchen/office area. There is level access to the practice for people who use wheelchairs and those with pushchairs.

The dental team includes the principal dentist, an associate dentist, a visiting specialist oral surgeon who places implants, three dental nurses, a dental hygienist and a receptionist. They were supported by a full-time practice manager.

During the inspection we spoke with the principal dentist, two dental nurses, and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday 9:00 am to 5:30 pm; closing between 1:00pm and 2:00pm for lunch. Outside of these hours, patients are advised to contact the NHS 111 service for urgent care and treatment.

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 was not meeting are at the end of this report.

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

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

- Consider implementing audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

- Implement processes and systems for seeking and learning from staff feedback with a view to monitoring and improving the quality of the service.

Summary of findings

- Improve the practice's arrangements for ensuring good governance and leadership are sustained in the longer term.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Requirements notice** ✖
Are services effective?	**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 Notice 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 reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. The practice undertook six monthly infection prevention and control audits.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment.

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

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.

The practice had a recruitment policy which reflected the relevant legislation to help them employ suitable staff; however, we found this was not always followed. We reviewed five staff files and saw evidence of recruitment checks undertaken prior to employment for most staff members. However, for the oral surgeon, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had not been sought.

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

We saw evidence the clinical equipment was checked to ensure it was working properly. The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice had recently installed a cone beam computed tomography equipment, which was not due for routine servicing or examination.

However, the practice arrangements to ensure the safety of the X-ray equipment needed improvements to ensure adherence to legislation. The required radiation protection information was unavailable. For example, the provider could not evidence that all intra oral X-ray units had routine radiological quality assurance tests within the last three years. This is important because such test ensures that the x-ray unit is safe and that service users are not at risk from ionising radiation. On the day of the inspection, we reviewed the local rules and found that the information was outdated. At the inspection, we judged the risk of harm to service users to be minimal because the provider was able to demonstrate that the X-ray units had received electrical and mechanical examination on 25 April 2022 and the results indicated that the equipment was in satisfactory condition to be used for clinical purposes.

We saw some evidence the clinicians justified, graded and reported on the radiographs they took; however, they did not undertake radiography audits.

The practice had up to date fire risk assessments. Although regular fire drills were not undertaken, staff on the day were able to describe the fire evacuation procedures including the meeting point in the event of a fire.

Are services safe?

Risks to patients

The systems to assess, monitor and manage risks to patient and staff safety were ineffective.

Staff had completed training around sepsis and those we spoke with demonstrated good understanding.

The provider had not carried out risk assessment to help them manage risks pertaining to clinical staff, namely, the dental hygienist who worked without chairside support.

Emergency equipment and medicines were available; however, we found the provider did not have Buccal Midazolam (Oromucosal) as part of their standard emergency drugs instead they held rectal diazepam. (Buccal midazolam has been tested and approved for seizure management and is now the National Institute for Clinical Excellence recommended drug of choice for emergency treatment for prolonged convulsive seizures). The provider told us this would be replaced.

The practice's first aid kit contained items that had expired in June 2005.

Glucagon (a medicine used to treat severe hypoglycaemia) was stored in the same refrigerator used for storing food items. We were unable to judge if the Glucagon was stored between 2 and 8 degrees as the practice did not have a thermometer to monitor the fridge temperature.

All staff had received "Emergency First Aid at work (RQF)" training in November 2020. The certificates stated a validity of 3 years which was not in line with the UK resuscitation guidance. We raised this with the provider and immediate steps were taken and a refresher training was booked for 10 June 2022. Staff we spoke with on the day were able to describe how they would respond to medical emergencies.

Whilst the practice had a policy for Control of Substances Hazardous to Health Regulations (COSHH) 2002, copies of safety data sheets were unavailable and risk assessments had not been carried out to assess the risks associated with substances that were potentially harmful to health. This was not in line with the COSHH 2002 regulations.

Information to deliver safe care and treatment

Dental care records we saw were legible, kept securely and complied with General Data Protection Regulation requirements. However, we saw instances where clinical staff had failed to document in the dental care records that they had risk assessed patients' periodontal, oral cancer, tooth wear and caries statuses.

The arrangements for referring patients with suspected oral cancer under the national two-week wait provisions needed strengthening. The provider did not have suitable systems in place to ensure results were received/followed up for all referrals made.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Although they did not routinely undertake antimicrobial prescribing audits, we saw that staff kept record of all antibiotics prescribed to patients and included information such as dosage, reason, frequency and duration.

Track record on safety, and lessons learned and improvements

We saw a limited use of systems to record and report safety concerns and incidents. We were told lessons were shared and action was taken to improve safety in the practice following an incident, however no evidence to support this was available. For example, we saw evidence of the reporting of an incident where the dental nurse sustained a needlestick injury. We saw that this incident had been recorded in the accident book; however, there was no evidence that this was investigated and shared with the team as learning. There was no evidence to demonstrate the practice took steps to minimise recurrence of similar incidents.

The practice did not have a formal 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.

We saw the provision of dental implants was in accordance with national guidance. Implant placement was undertaken by the visiting dentist who specialised in oral surgery.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

Consent to care and treatment

There was a consent policy, however, there were inconsistencies in how staff recorded patients' consent to care and treatment in line with legislation and guidance. For example, not all clinicians documented treatment options offered to patients including their advantages and disadvantages. We raised this with the provider on the day who told us action would be taken to ensure all clinical staff record information in line with the recommended guidance.

Staff we spoke with on the day, 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

Improvements could be made to ensure clinical staff maintained detailed dental care records in line with recognised guidance. The provider should also ensure that dental care records were routinely audited.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took; however, this was not consistently done by all clinicians. The practice did not undertake radiography audits six-monthly in line current guidance and legislation.

Effective staffing

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

There were job descriptions for each staff group and 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 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 Notice 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 provider demonstrated a transparent and open culture in relation to people's safety. The leadership team articulated their desire to deliver high quality care and promote good outcomes for service users, although this was not consistently demonstrated during the inspection.

Not all systems and processes were effectively embedded as evidenced in the inspection findings.

The information and evidence we looked at during the inspection was fragmented and at times disorganised, poorly presented and documented.

Culture

Whilst there were shortcomings from the inspection, we found that the practice team was receptive to feedback and took immediate action to rectify those shortcomings. In addition, the provider explained how the team would work together to improve and sustain the service moving forward.

The team was long-standing. The staff we spoke with on the day, stated they felt respected, supported and valued. They were proud to work in the practice and told us it felt like being part of a family. They told us they were committed to their roles and that they could raise concerns and had confidence that these would be addressed.

The provider told us that they undertook annual staff reviews where they discussed mandatory training, wellbeing and remuneration. This was not documented; however, staff we spoke with confirmed they had ongoing conversations, huddles and staff meetings with the provider.

Governance and management

The practice had governance and management arrangements; however, improvements were required to ensure compliance. For example:

The intra oral X-ray equipment had not received mandatory quality assurance tests in line with guidance and legislation.

The provider had no system to follow up referrals; in particular, those referred for suspected oral cancer.

The provider did not have systems in place for receiving, managing and cascading safety alerts such as those reports issued from the Medicines and Healthcare products Regulatory Agency and through the Central Alerting System, as well as from other relevant bodies, such as Public Health England.

The practice did not have clear and effective processes for managing risks, issues and performance. For example, those relating to control substances and lone working.

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff, however, they needed updating to ensure they remained fit for purpose, for example, the safeguarding policy contained contact details which were no longer in use by the local authority safeguarding team.

The checking processes for ensuring items remained in date and fit for purpose was ineffective, for example, the first aid kit items, local anaesthetic and bodily fluids spill kit were found to have passed their used by dates.

The practice had limited quality assurance processes to encourage learning and continuous improvement.

Are services well-led?

Appropriate and accurate information

Staff acted on appropriate and accurate information.

There was a written complaints policy in place and the practice manager was the lead person. We looked at two most recent complaints received by the practice and found that they were dealt with in a timely way, with openness and transparency.

The practice had information governance arrangements to manage most activities except those relating to the closed-circuit televisions. Staff were aware of the importance of protecting patients' personal information.

We noted that the provider had closed circuit television (CCTV) cameras situated throughout the practice, including in the treatment rooms which pointed directly at the dental chairs. At the time of the inspection, the CCTV in the treatment rooms were still connected. The provider did not have a policy in place to govern this activity and they were unclear when describing the balancing and necessity tests for the CCTV. The practice did not have a policy to include information about who will be allowed to see it; how the images would be used; whether copies would be made; the arrangements for secure storage and how long it would be kept. Following the inspection, the provider told us that the CCTV cameras were no longer switched on in the treatment rooms.

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. The practice manager was responsible for monitoring all feedback including complaints and compliments. We saw that they were proactive in ensuring service users received prompt responses including action to be taken as a result of the feedback.

The practice gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

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 Safe care and treatment Care and treatment must be provided in a safe way for service users. 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: • The provider failed to undertake recruitment checks for the visiting clinician. • The provider had not ensured Buccal Midazolam was available as part of their emergency medicines. • The provider did not have a system in place for monitoring the fridge temperature to ensure that medicines and dental care products were stored in line with manufacturer's guidance. • The provider had not ensured a separate fridge was available to store medicines and other dental materials. • There were limited processes for the control and storage of substances hazardous to health identified by the Control of Substances Hazardous to Health Regulations 2002. • The provider had ineffective system to monitor and follow up referrals, specifically, suspected oral cancer. • The provider had not implemented effective system for investigating and reviewing incidents and significant events with the view to minimise further occurrences and ensuring that improvements are made as a result.

This section is primarily information for the provider

Requirement notices

- The provider failed to ensure a documented risk assessment was in place for the dental hygienist who worked without chairside support.

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. How the Regulation was not being met: 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: • The provider could not demonstrate that the two intra oral X-ray equipment had received routine radiological tests within the last three years. • The provider had no processes to ensure that safety alerts were received, reviewed, discussed and cascaded with team members. • There was no oversight to ensure all clinicians recorded consent for care and treatment in line with legislation and guidance. • There were limited systems for identifying, disposing and replenishing out-of-date items. 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:

This section is primarily information for the provider

Requirement notices

- The provider had not suitably assessed the justification for CCTV cameras in the treatment rooms.
- The practice had limited quality improvement initiatives such as audits of radiography. They did not demonstrate audits were undertaken at regular intervals to improve the quality of the service.

Regulation 17 (1)