Marais Associates Limited

Marais Associates Limited

Inspection Report

Scottish Mutual House
27 – 29 North Street
Hornchurch
RM11 1RS
Tel: 01708 441143
Website: www.maraisassociates.com

Date of inspection visit: 17 October 2019
Date of publication: 19/12/2019

Overall summary

We carried out this announced inspection on 17 October 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

Marais Associates Limited is in Hornchurch in the London Borough of Havering. The practice provides private dental treatment to adults and children.

. The practice is close to public transport services, located on the ground of floor of a purpose adapted building and has two treatment rooms.

The dental team includes the principal dentist, one associate dentist and one dental nurse. The clinical team are supported by practice a manager.

We collected feedback from five patients who completed CQC comment cards.

Summary of findings

During the inspection we spoke with the principal dentist, the dental nurse and one of the company's directors. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open between:

8am and 5pm Mondays to Thursdays

Our key findings were:

- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and 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.
- The provider had arrangement to deal with complaints positively and efficiently.
- The provider had suitable information governance arrangements
- The practice appeared clean. There were ineffective arrangements to ensure that equipment was well maintained.
- The practice infection control policies reflected published guidance. However, these were not followed consistently.
- There were ineffective arrangements for dealing with emergencies. Staff did not have appropriate training and all of the recommended emergency equipment were not available.
- The provider had ineffective systems to help them manage risk to patients and staff.
- The provider had suitable safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were needed to ensure that staff had appropriate levels of training in safeguarding children and adults.
- The provider's staff recruitment procedures were not followed consistently.
- There was a lack of effective leadership and a culture of continuous improvement.
- There were ineffective systems to monitor staff training and development needs.

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.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

Full details of the regulations the provider is not meeting are at the end of this report.

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Take action to ensure the availability of equipment in the practice to manage medical emergencies taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.
- Implement an effective system for receiving and responding to patient safety alerts, recalls and rapid response reports issued by the Medicines and Healthcare products Regulatory Agency, the Central Alerting System and other relevant bodies, such as Public Health England.
- Review the practice protocols regarding audits for prescribing of antibiotic medicines taking into account the guidance provided by the Faculty of General Dental Practice.
- Review the practice protocol regarding auditing patient dental records to check that the necessary information is recorded.
- Take action to ensure the service takes into account the needs of patients with disabilities and to comply with the requirements of the Equality Act 2010.

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?	**Enforcement action**
Are services effective?	**No action**
Are services caring?	**No action**
Are services responsive to people's needs?	**No action**
Are services well-led?	**Enforcement action**

Are services safe?

Our findings

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 Notice 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.

We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

There were ineffective 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 provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC. The dental nurse told us that they had not received safeguarding training. Improvements were needed to the systems for monitoring staff training to ensure that all staff undertake safeguarding training to an appropriate level.

The provider had a whistleblowing policy.

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

The provider had a business continuity plan and an impact analysis risk assessment to deal with events that could disrupt the normal running of the practice.

The provider had a recruitment policy and procedure to help them employ suitable staff. We looked at each of the five staff recruitment records. These showed the provider did not follow their recruitment procedure or relevant employment legislation. Appropriate checks including Disclosure and Barring Service (DBS) checks (where required) and proof of identity were available for the dentists and the dental nurse. There were no records to show proof of suitable conduct in previous employment were carried out for the associate dentist. There were no records available for the practice manager.

The practice employed locum dental nurses on occasions. There were no arrangements to carry out checks for locum dental nurses such as identity checks, DBS checks, qualifications or registration with the General Dental Council.

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

There were ineffective arrangements to ensure that equipment was safe, and maintained according to manufacturers' instructions.

There was no fire safety risk assessment available. There were no records to show that the fire alarms or emergency lighting equipment was regularly tested or that safety and maintenance checks had been carried out.

There were no records to show that the electric hot water heaters were checked or tested. There was no five year fixed wiring safety check.

There were ineffective arrangements to ensure X-ray equipment was tested and serviced in line with current guidance. There were no records to show that the dental X-ray units had a critical examination and acceptance test carried out when they were installed. An electrical and mechanical test was carried out for the dental X-ray units in 2018. There were no records to show that these were carried out annually as required and there were no records to show that the three year radiological test had been carried out for the dental X-ray units.

We saw evidence that the principal dentist justified, graded and reported on the radiographs they took. However, records we saw showed that the associate dentist did not record this information. There were ineffective arrangements to audit the quality of dental radiographs in line with current guidance and legislation. One dental radiograph audit was available, and this was carried out in 2017 which reviewed dental radiographs taken by the

principal dentist. There were no systems for analysing the audit results to monitor or improve the quality of dental radiographs. There was no audit of dental radiographs taken by the associate dentist.

The dentists completed continuing professional development (CPD) in respect of dental radiography.

Risks to patients

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

The practice's health and safety policies, procedures and risk assessments were not reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff team did not follow relevant safety regulation when using needles and other sharp dental items. The dental nurse told us that the they routinely re-sheathed used dental needles and there were no dental sharps bins in the treatment rooms. Risks associated with the use and disposal of dental sharps were not assessed and there were no systems to mitigate risks.

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 principal dentist could not provide assurances that staff had undertaken appropriate training in dealing with medical emergencies. There were no records available in relation to basic life support (BLS) training for the dental nurse or the principal dentist. The dental nurse was unable to demonstrate that they could competently set up the medical oxygen cylinder or the automated external defibrillator (AED).

The associate dentist had completed training in BLS in 2019, however it was not clear that this training included the use of emergency equipment including the AED.

We found staff did not keep proper records of their checks carried out to make sure that medicines and equipment were available, within their expiry date, and in working order. We noted that some items of emergency equipment were not present – oropharyngeal airways, portable suction equipment and child size oxygen masks. One medicine used to treat low blood sugar was not stored in accordance with the manufacturer's instructions. This medicines was stored in the refrigerator; however, the fridge temperature was not monitored to ensure that it was appropriate.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council (GDC) Standards for the Dental Team.

There were suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The provider had a policy for handling and storing substances used that are hazardous to health. There were suitable risk assessments to minimise the risk that can be caused from exposure to these substances.

The provider 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 (HTM 01-05) published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had suitable arrangements for transporting, cleaning, checking and sterilising instruments in line with HTM 01-05. Improvements were needed to ensure that sterilised dental instruments were stored appropriately. We noted that a number of dental instruments were stored in pouches without the sterilisation or use by dates and some with expired dates.

The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

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

There were ineffective procedures to reduce the possibility of Legionella or other bacteria developing in the water systems. A Legionella risk assessment was carried out on 15 October 2019.This identified a number of areas where risks were not managed such as flushing infrequently used water outlets, maintaining hot water at a suitable temperature and ensuring that taps were free from scale build-up.

Are services safe?

We saw cleaning schedules for the premises. The practice was visibly clean when we inspected.

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

There were ineffective systems for assessing and improving the practice infection prevention and control procedures. One infection prevention and control audit document was made available to us. This was dated 15 October 2019 and no other audit documents were available. The audit was inaccurately completed and did not identify issues such as the expired or undated pouched dental instruments or practices in relation to the handling and disposal of dental needles and other dental sharps.

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 principal dentists 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 provider had reliable systems for appropriate and safe handling of medicines.

There was a suitable stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The dentists were aware of and following guidance in relation to prescribing medicines. Improvements were needed so that antimicrobial prescribing audits were carried out annually to demonstrate that the dentists were following current guidelines.

Track record on safety and Lessons learned and improvements

Improvements were needed to the arrangements for assessing and minimising risk so that these were carried out effectively used to understand risks and give a clear, accurate and current picture to lead to safety improvements.

In the previous 12 months there had been no safety incidents reported.

The practice did not have a system for receiving and acting on safety alerts. The principal dentist was unaware of their responsibilities to monitor relevant external safety information and to take action where appropriate.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The dentists kept up to date with current evidence-based practice through training, peer review and reviewing relevant guidance. We saw that they assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols. The dentists were aware of and following protocols and clinical pathways such as those published by The National Institute for Health and Care Excellence NICE including protocols for recalls and wisdom tooth extractions.

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 dentists prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for patients based on an assessment of the risk of tooth decay.

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice provided health promotion leaflets to help patients with their oral health.

The principal dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition

Records showed patients with more severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

The practice team understood the importance of, and obtained and recorded patients' consent to treatment in line with current legislation and guidance.

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 might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 principal dentist kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dental care records for the associate dentist which we saw lacked details in relation to the assessment of patients' treatment, discussion with patients about their treatment and any advice given.

Improvements were needed to ensure the practice audited patients' dental care records to check that the dentists recorded the necessary information.

Effective staffing

We confirmed that relevant clinical staff completed the continuing professional development (CPD) required for their registration with the General Dental Council.

Improvements were needed to ensure that staff undertook training to carry out their roles and that there were systems in place to review and monitor this.

Staff discussed their training needs at appraisal meetings. We saw evidence of appraisal documents for the dental nurses and the practice manager, completed in November 2018 in which both had raised issues about the lack of training opportunities and support available to them. There were no arrangements to address the issues raised by staff in relation to training and support needs.

Co-ordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

Are services effective?

(for example, treatment is effective)

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

Staff had systems to identify, manage and where required refer patients for specialist care when presenting with dental infections.

The provider also had systems 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.

Staff monitored all referrals to make sure they were dealt with promptly.

Are services caring?

Our findings

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

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

The practice had procedures and staff were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, kind and caring.

They said that reception staff were helpful and that the dentists were professional and excellent. We saw that staff treated patients respectfully and were helpful and welcoming towards patients at the reception desk and over the telephone.

Privacy and dignity

Staff respected and promoted patients' privacy and dignity.

Staff were aware of the importance of privacy and confidentiality. The layout of reception and waiting was open plan in design and staff were mindful of this when dealing with patients in person or on the telephone so as to maintain privacy. If a patient asked for more privacy, staff 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 to be involved in decisions about their care. They told us that they had no patients who did not speak or understand English. They said that information could also be made available in easy read and large font formats if required.

Staff gave patients clear information to help them make informed choices about their treatment. The principal dentist described the conversations they had with patients to satisfy themselves they understood their treatment options.

The practice's website and a range of information leaflets 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 for example photographs, models, videos and X-ray images.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We found that 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 on the importance of emotional support needed by patients when delivering care.

Staff understood the needs of more vulnerable members of society such as adults and children with a learning difficulty and people living with dementia.

Patients described high levels of satisfaction with the responsive service provided by the practice. They commented that they could access appointments in a timely way and that the practice met their needs.

Improvements were needed so that there were systems to assess and make reasonable adjustments to the access arrangements for patients with disabilities. A disability access audit had not been completed in line with requirements of the Equality Act 2010. There was step free access to the practice. The layout of the building did not afford the provision of accessible toilets.

Timely access to services

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

The practice website included arrangements for making enquiries and appointments and these could be made via telephone, in person or online.

The practice had an appointment system to respond to patients' needs. Patients who requested an urgent appointment were, where possible, seen on the same day. Patients 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.

The practice's answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open.

Listening and learning from concerns and complaints

The practice team took complaints and concerns seriously and there were arrangements to respond to any concerns raised promptly and appropriately to improve the quality of care.

The provider had policies providing guidance to staff on how to handle a complaint and information for patients which explained how to make a complaint.

The principal dentist was responsible for dealing with these. Staff told us they would tell the principal dentist about any formal or informal comments or concerns straight away so patients received a quick response.

The practice aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Information was available about organisations patients could contact if not satisfied with the way their concerns had been dealt with.

There were no complaints made about the practice within the previous 12 months.

Are services well-led?

Our findings

We found that 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 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.

We are considering our enforcement actions in relation to the regulatory breaches identified. We will report further when any enforcement action is concluded.

Leadership capacity and capability

There was a lack of effective leadership which impacted on the day-to-day management of the service. The principal dentist worked part time and there were ineffective management arrangements to ensure that the service was managed in a way to ensure the safety of patients and staff.

Culture

Improvements were needed to the arrangements to support staff in their training and development needs and to foster an environment where staff felt able to raise issues with confidence that these would be dealt with.

The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Governance and management

There was a lack of managerial oversight and systems of accountability to support good governance and management.

The principal dentist was responsible for the clinical leadership of the practice. They were supported by the practice manager for day to day management and running of the service. Staff knew the management arrangements but there were inconsistencies in staffs' understanding of roles and responsibilities within the practice.

The provider had a range of policies, protocols and procedures in relation to the management of the service. However, a number of these were not these followed consistently or embedded into practice. Procedures in relation to managing medical emergencies, handling and disposal of dental sharps, staff recruitment and safe maintenance of equipment were not followed.

There were ineffective processes for assessing and managing risks, issues and performance. A number of risk assessments had been conducted shortly before our inspection visit and there was a lack of continuous risk management strategy to assess and mitigate risks.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider had information governance arrangements. Staff undertook training 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 had arrangements to include the views of patients.

Continuous improvement and innovation

There were ineffective systems and processes for learning, continuous improvement and innovation.

The provider did not have quality assurance processes to encourage learning and continuous improvement. The arrangements to audit radiographs and infection prevention and control procedures were not in accordance with current guidelines and legislation. Where audits were carried out these were not used to identify where improvements could be made as part of a system for continuous improvement.

There was a lack of oversight and management to ensure that staff training, and development needs were assessed and that they completed 'highly recommended' training as per General Dental Council professional standards.

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 18 HSCA (RA) Regulations 2014 Staffing The registered person had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed in order to meet the requirements of fundamental standards in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In particular; There were limited systems in place to ensure that staff received support in relation to identified training and development needs. There were limited systems to ensure that staff undertook appropriate training and periodic training updates in areas relevant to their roles including training in basic life support and safeguarding children and vulnerable adults. **Regulation 18 (1) (2)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

This section is primarily information for the provider

Requirement notices

There were no recruitment records available for the practice manager.

There were ineffective processes for ensuring that appropriate checks were in place when temporary agency staff worked at the practice, including their identity, Disclosure and Barring Services checks and registration with their appropriate professional body.

Regulation 19 (3)

This section is primarily information for the provider

Enforcement actions

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 The registered person had ineffective systems for assessing, monitoring and mitigating the various risks arising from the undertaking of the regulated activities. In particular: There were effective systems for identifying, disposing and replenishing of out-of-date stock. There were inadequate sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013. The registered person did not have proper infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention. There were effective arrangements to assess and mitigate the risk of Legionella or other bacterial growth taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance. control of infections and related guidance'.

This section is primarily information for the provider

Enforcement actions

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. 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 ineffective arrangements to ensure effective fire safety management. There were inadequate systems to ensure that dental X-ray units were maintained appropriately. There were ineffective systems to assess, monitor and improve the services provided. **Regulation 17 (1)**