

Mrs. Sunita Daswani

Complete Dental Care

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 15 March 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 appeared to be visibly clean and well-maintained.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation.
- The practice had infection control procedures which reflected published guidance; however, improvements were needed to ensure audits were completed.
- Improvements were needed in relation to the practice governance arrangements.
- There were ineffective arrangements to assess and mitigate risks of fire at the practice.
- Not all risks to service users were appropriately assessed and managed.
- Dental care records we looked at were not completed in line with national guidance.

Summary of findings

- The practice did not maintain important documents to demonstrate the X-ray equipment had received checks in line with legislation.

Background

There are three CQC registered providers operating from 200 Finchley Road, London, NW3 6BX. Two of the providers share the same location name of Complete Dental Care and are part of an expense sharing agreement partnership. Under this agreement, providers share lease costs, expenses relating to nursing and reception staff and dental equipment. The third location was not part of this agreement; instead they rented a surgery where they work from one day per week. This report relates to the provider Mrs Sunita Daswani.

Complete Dental Care is in the London Borough of Camden. They provide private dental care and treatment for adults and children.

The practice operates from a high street property which was converted to accommodate a dental practice. There is level access into the practice for people who use wheelchairs and those with pushchairs. The practice has good links to local transportation service including London Overground Service. There is limited car parking spacing available near the practice.

The dental team includes the principal dentist, two trainee dental nurses and a part time receptionist. They are supported a practice manager. The practice has three treatment rooms.

During the inspection we spoke with the principal dentist, an associate dentist, the trainee dental nurse, the receptionist 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 from 8am to 5pm

Tuesday from 8am to 4pm

Wednesday from 8am to 4pm

Thursday from 8am to 4pm

Friday from 9am to 5pm

Saturday – by appointment only.

Outside of these hours, patients are directed to NHS 111 for emergency 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.

Summary of findings

- 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:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice's sharps procedures to ensure the practice is in compliance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	Enforcement action	
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 are considering enforcement action 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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which broadly reflected published guidance. However, this was not adhered to, for example, the provider was failing to undertake six-monthly audits to comply with HTM01-05 guidance. In addition, records were not available to demonstrate that the equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance.

The provider had failed to introduce and implement procedures to reduce the risk of legionella or other bacteria developing in the water systems. We reviewed the risk assessment which was undertaken on 16 July 2019 and found that the provider had failed to action the 19 recommendations appropriately, for example, they had not implemented a record keeping system and key information had not been inputted in the written scheme of precautions document. Furthermore, we saw no evidence that the provider had implemented systems to monitor hot and cold water outlets.

We saw that the practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

We saw that most areas of the practice were visibly clean, however, they did not maintain cleaning schedules to ensure the safe management of the environment.

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

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

We found that most equipment was safe to use and maintained and serviced according to manufacturers' instructions. The exception to this was the X-ray equipment.

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 (except for surgery 3) and the orthopantomogram X-ray units had received a critical examination and acceptance test. This is important because such test ensures the X-ray unit is safe and that staff and service users are not at risk from ionising radiation. On the day of the inspection, we reviewed the local rules and found that some of the information was incorrect- the provider took steps to rectify this immediately.

Following the inspection, evidence was provided to the Commission that all three intra-oral X-ray units had received electrical and mechanical examination; the interim results indicated that the equipment was in satisfactory condition to be used for clinical purposes.

The provider had not put in place adequate measures to mitigate the risk of fire. We reviewed the fire risk assessment of 13 July 2021 and noted that several issues had been identified and urgent recommendations were made that needed to be implemented immediately to minimise risks to service users. At the time of inspection, the provider confirmed there were still outstanding actions. For example, fire drills were not undertaken, and there was no evidence that the other nine medium risks had been remedied appropriately and within the three-month time frame.

Are services safe?

At the time of inspection, the premise's electrical status was deemed "unsatisfactory". The provider had not acted on the observations and recommendations highlighted in the five-year electrical condition report of 4 July 2019. They told us this was followed up and that the issue had been resolved.

Risks to patients

The practice systems to assess, monitor and manage risks to patient and staff safety needed improving.

There was a sharps risk assessment; however, the practice had not adopted the safer sharps safe system.

Staff had completed sepsis training and those we spoke with demonstrated good understanding on the signs and symptoms and when to refer patients.

Emergency equipment and medicines were available and checked in accordance with national guidance. However, we found that the checking process was ineffective. This was because staff had failed to identify that the EpiPen, oropharyngeal airways and swab in the first aid kit had passed their expiry dates. This was rectified immediately.

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

The practice kept copies of safety data sheets for substances that are hazardous to health, however, they had not carried out risk assessments to identify potential risks and minimise harm to staff.

Information to deliver safe care and treatment

The dentist did not maintain comprehensive dental care records. Records 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 had systems for appropriate and safe handling of medicines and processes were in place to ensure clinicians prescribed in line with guidance.

The provider demonstrated knowledge on antibiotics prophylaxis, pericoronitis guidance and dental recalls dependant on patients' oral health risk category.

At the time of the inspection, the practice did not audit their antimicrobial prescribing at regular intervals.

Track record on safety, and lessons learned and improvements

The practice had a policy for reviewing and investigating when things went wrong; there were no reported or recorded incidents in the last year.

The practice did not have 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 system to keep dental professionals up to date with current evidence-based practice, however, we found that the dentist's record keeping was not in line with nationally agreed standards.

Dental care records we looked at showed there was a lack of consistency in staff obtaining patient's consent to care and treatment. For example, documented treatment options offered to patients including their advantages and disadvantages. We also found instances where the dentist had failed to record that they had risk assessed patients periodontal, oral cancer, tooth wear and caries statuses.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health, however, improvements were required to how information was documented in patients dental care record.

Consent to care and treatment

Staff demonstrated understanding of informed consent; however, this information was not consistently documented in dental care records we reviewed.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA).

Monitoring care and treatment

The dentist did not keep detailed dental care records in line with recognised guidance. The provider could not evidence that they routinely audited dental care records.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The practice carried out radiography audits in line with current guidance and legislation.

Effective staffing

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

We were told newly appointed staff had received an induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. All patients were monitored from the point of referral to the completion of treatment.

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

There was a lack of leadership and oversight at the practice. Systems and processes were not embedded among staff. The issues and omissions highlighted during the inspection pointed towards ineffective leadership.

There was a new practice manager appointed, who demonstrated that they had the skills and knowledge to lead the practice. They had an extensive action plan and explained how they intended to embed and implement effective systems and processes. We had some concerns on whether the appointed staff would be able to action outstanding items identified in a timely manner as they also undertook receptionist duties. The provider told us they would recruit a second reception staff.

Culture

The practice did not demonstrate a culture of high-quality sustainable care. In particular, staff raised concerns about the high staff turnover and lack of communication.

Staff also stated they didn't feel respected, supported and valued.

Staff told us that they did not discuss training needs because appraisals were not carried out. We raised this on the day and the practice manager showed us that appraisals formed part of the action plans they were intending to implement.

At the time of the inspection, the practice manager had developed a training matrix to monitor staff training. This would ensure staff training remained up-to-date and reviewed at the required intervals.

Governance and management

The practice did not have effective governance and management arrangements. For example:

The provider had not sought to effectively manage and minimise risks associated with the fixed electrical wiring.

The practice did not have an effective system for checking emergency lifesaving equipment to ensure they were in date.

The provider told us the X-ray equipment had received mandatory critical examination and acceptance tests; however, evidence had not been provided to the Commission at the time of writing this report.

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 UK Health Security Agency.

The newly appointed practice manager was in the process of reviewing practice's policies, protocols and procedures.

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

The practice had limited systems and processes for learning, continuous improvement and innovation.

Appropriate and accurate information

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Are services well-led?

Engagement with patients, the public, staff and external partners

The provider described their management system used to gather and analyse feedback from patients and told us they were committed to acting on feedback.

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 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: • Infection prevention and control audits were not carried out in accordance with guidance. • The provider could not demonstrate that the OPG and two of the intra oral X-ray equipment had received critical examination and acceptance tests. • The provider had no processes to ensure that safety alerts were received, reviewed, discussed and cascaded with team members. The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular: • Dental care records were not comprehensively written to include the necessary information as per guidance. • The provider was failing to consistently record consent for care and treatment in line with legislation and guidance.

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • The arrangements to mitigate the risk of fire at the practice needed improving. • The electrical fixed wiring was deemed unsatisfactory and the provider had failed to rectify appropriately and to ensure the premises was safe for service users. • The provider had not implemented an effective dental waterline management in line with the most recent risk assessment. • The provider failed to carry out risk assessments for dental materials and products and substances considered harmful to health. Regulation 12 (1)