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Clarence House Dental Health Centre

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 21 November 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered practice was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a Care Quality Commission (CQC) inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following 5 questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

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

Our findings were:

- The dental clinic was visibly clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.

Summary of findings

- The practice had systems to help them manage risk to patients and staff. 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 clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.
- Staff felt involved and supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Improvements were required to ensure equipment used at the practice was maintained in line with guidance.
- The practice had not carried out a disability access audit.

Background

This report is about Clarence House Dental Health Centre.

Clarence House Dental Health Centre is in Ilford, in the North East London Borough of Redbridge and provides private dental care and treatment for adults. The provider also has a very small NHS contract which is used to deliver care to children.

The practice is not suitable for people who use wheelchairs and those with pushchairs, instead they are referred to two other local practices that has facilities. Car parking spaces, including dedicated parking for disabled people, are available near the practice.

The dental team includes the principal dentist, 1 associate dentist and 2 dental nurses. The practice has 2 treatment rooms.

During the inspection we spoke with the principal dentist and 1 dental nurse. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday 8:30am–5:30pm

Tuesday 8:30am–8pm

Wednesday 8:30am–5pm

Thursday 8:30am–5pm

Friday 8:30am–1pm

Saturday 9am–1pm.

We identified regulations the provider was not complying with. They must:

Summary of findings

Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Ensure all premises and equipment used by the service provider is fit for use.

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 implement any recommendations in the practice's Legionella risk assessment, 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.' In particular, maintaining written records of the monitoring process.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.

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	✗
Are services effective?	No action	✓
Are services caring?	No action	✓
Are services responsive to people's needs?	No action	✓
Are services well-led?	Requirements notice	✗

Are services safe?

Our findings

We found this practice was 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). 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 procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. However, they did not keep written records to demonstrate that they routinely checked the temperature of the water. This was raised with the provider who told us they had stopped recording water temperatures; instead they showed us checklists which they completed daily. The provider told us they would now maintain documents of checks undertaken.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. They had also completed a pre-acceptance audit report on 16 October 2022.

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

The practice had a recruitment policy and procedure to help them employ suitable staff. The practice did not use agency or locum staff. These reflected the relevant legislation.

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

On the day of the inspection, the provider did not provide us with evidence to confirm that critical equipment used on a day to day basis were maintained and was fit for their intended use. For example, they told us that the air compressor was maintained by an independent person; however we saw no service records, nor did they have a written scheme of examination as per the legal requirements of the Pressure Systems Safety Regulations 2000 and the Health and Safety at Work Act 1974.

There was a gas boiler on the premises, and we saw evidence that the last annual servicing had been carried out on 8 April 2021; this had lapsed at the time of the inspection. The provider told us this was an oversight and would be actioned immediately.

We saw evidence that the provider consistently ensured all portable appliances were maintained to ensure their safety. We did not receive evidence of the property's Electrical Inspection Condition Report (EICR) to confirm that the electrical installation at the property was satisfactory. The provider told us this would be actioned.

The provider told us a fire risk assessment was carried out by the local fire brigade team in November 2022 and they were awaiting the report. The provider explained that the fire brigade team had changed their fire alarms to a more integrated and intelligent system. We observed the management of fire safety was effective.

The practice had some arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. The provider ensured three-yearly radiological examinations were undertaken for the two intra-oral machines; however, annual electro-mechanical checks had not been completed.

Are services safe?

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety. Improvements could be made to ensure contact details for occupational health remained up to date should staff needed to contact them in the event of an inoculation injury.

Emergency equipment and medicines were available and checked in accordance with national guidance. We noted that the size of the oxygen cylinder was 340 litres, which was less than the recommended 460 litres. However, there were 3 full 340 litres oxygen cylinders that had all received servicing and in good working order.

Staff knew how to respond to a medical emergency and had completed hands-on face-face and online training in basic life support. We saw evidence that a hands-on face-face training was scheduled for the practice team to complete in January 2023.

The practice had completed a general control of substances hazardous to health (COSHH) assessment and checklist. The provider, however, could not evidence that they had risk assessed individual substances that were hazardous to health. Additionally, the safety data sheets were not available on the day of inspection.

Information to deliver safe care and treatment

Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe prescribing. NHS prescription pads were ordered when required and they had systems in place to mitigate the risk of improper usage. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had implemented systems for reviewing and investigating incidents and accidents. The practice had a system for receiving and acting on safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems to keep dental professionals up to date with current evidence-based practice.

Helping patients to live healthier lives

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

The practice was proactive in identifying patients who were smokers and they regularly audited patients who smoked as part of their oral cancer risk factor audit. The most recent audit showed that the practice was seeing less patients who were smokers when compared to previous years.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance.

Staff understood their responsibilities under the Mental Capacity Act 2005.

The dentist shared examples of how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Monitoring care and treatment

The practice kept detailed dental care records in line with recognised guidance.

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. Whilst the provider did not carry out six monthly radiograph audits, what was demonstrable was that the process was continuous. We judged that the provider would not have enough radiographs to undertake meaningful audits six monthly.

Effective staffing

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

The practice had a recruitment policy; they had not recruited a new member of staff in over 15 years. Clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

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

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

Are services caring?

Our findings

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

Kindness, respect and compassion

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

Feedback left by patients indicated that they were satisfied with the care and treatment provided by the practice and said their dignity and privacy was respected.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

Staff password protected patients' electronic care records and backed these up to secure storage.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care.

Staff gave patients clear information to help them make informed choices about their treatment.

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

The dentist described to us the methods they used to help patients understand treatment options discussed. These included for example, X-ray images and the use of an intra-oral camera.

Are services responsive to people's needs?

Our findings

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

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

Staff were clear about the importance of emotional support needed by patients when delivering care.

The provider had not considered the need to undertake a disability access audit to determine if the environment was suited to a wide range of service users. This is a requirement under the Equality Act.

Timely access to services

The provider told us patients could access care and treatment from the practice within an acceptable timescale for their needs.

The practice's current waiting time to register with the service as a new patient was 1 week, however, patients requiring urgent care and treatment could access an appointment from the practice within 24hrs. For children wishing to register as a new NHS patient, they would have to wait until April 2023 when the new contract begins.

The practice had an appointment system to respond to patients' needs.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

The provider demonstrated a transparent and open culture in relation to patient's clinical safety, however, better oversight was needed to ensure there was an understanding of risk management as it pertains to the work environment and premises.

The practice team was a small and longstanding.

Culture

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

Staff discussed their training needs during one to one meeting. They also discussed learning needs and general wellbeing.

Governance and management

Staff had responsibilities, roles and systems of accountability to support good governance and management, however, there were functions which operated ineffectively.

Whilst we saw evidence of good clinical governance, the inspection team judged that there was a lack of understanding about the requirements of the regulations. This impacted non-clinical governance arrangements because the provider had not sought to effectively mitigate risks. For example:

The practice had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff, in particular, the business continuity plan and inoculation injuries.

The provider failed to carry out risk assessments for dental materials and products and substances considered harmful to health. In addition, they had not ensured safety data sheets were available.

The provider had not considered the need to undertake a disability access audit to determine if the environment was suited to a wide range of service users. This is a requirement under the Equality Act 2010.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

Staff gathered feedback from patients and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff through meetings. Staff completed evaluation forms following staff meetings and were encouraged to offer suggestions for improvements to the service.

Continuous improvement and innovation

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

Are services well-led?

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, oral cancer risk factor, healthcare waste pre-acceptance, radiographs and infection prevention and control.

Staff kept records of the results of these audits and the resulting action plans and improvements.

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 Treatment of disease, disorder or injury Surgical procedures	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>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.</p> <p>How the Regulation was not being met:</p> <p>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:</p> <ul style="list-style-type: none">• They had failed to undertake a Disability Access Audit to determine if the environment was suited to a wide range of service users. This is a requirement under the Equality Act. <p>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:</p> <ul style="list-style-type: none">• COSHH risk assessments were not carried out for hazardous substances and safety data sheets were not available. <p>Regulation 17 (1)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p>

Requirement notices

The registered person had failed to ensure that all premises and equipment used by the service were properly maintained. In particular:

How the regulation was not being met:

- The provider did not have a written scheme of examination for the air compressor and they could not demonstrate evidence of regular maintenance.
- The gas boiler servicing had lapsed.
- The provider did not have a satisfactory EICR to demonstrate the safety of the premise's electrical installation.

Regulation 15 (1)