

Artiste Ltd

Artiste Studios - L'Orthodontiste

Inspection report

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Date of inspection visit: 16 June 2022
Date of publication: 25/07/2022

Overall summary

We carried out this announced focused inspection on 16 June 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 second CQC inspector and 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:

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.

Summary of findings

- The dental clinic was visibly clean; however, improvements were needed to the storage arrangements for cleaning equipment.
 - The practice did not have infection control procedures which reflected published guidance.
 - The practice did not have effective arrangements for dealing with medical emergencies. Some of the emergency medicines and life-saving equipment were not available as per current national guidelines, and staff were unclear about emergency procedures. Following the inspection, the provider took timely action to rectify this and the medicines and equipment are now in place.
 - The practice did not have effective systems to help them manage risk to patients and staff.
 - There were ineffective systems to support continuous improvement.
 - There were ineffective systems to ensure that staff were up to date with their training.
 - The practice did not have staff recruitment procedures which reflected current legislation.
 - Improvements were needed to the Information Governance policy to take account the General Data Protection Regulation (GDPR) 2018 requirements
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- There was ineffective leadership and a lack of oversight for the day-to-day management of the service.
 - Staff and patients were asked for feedback about the services provided.
 - Staff generally worked as a team. However, improvements were needed to ensure that they were supported and involved in the delivery of care and treatment.
 - The practice did not have adequate arrangements in place to respond to patients' concerns and complaints.

The provider took immediate action and voluntarily closed the surgery for a temporary period to enable them to undertake urgent remedial actions.

Background

Artiste Studios L'Orthodontiste is in the London Borough of Hammersmith and Fulham and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Metered parking spaces are available near the practice and it is also located close to public transport services.

The dental team includes six dentists, three trainee dental nurses who perform dual roles as receptionists. The practice has two treatment rooms.

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

The practice is open:

Monday to Friday 9am to 6pm

Saturdays by prior appointment

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.
- Ensure persons employed in the provision of regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them carry out their duties

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.

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?	Enforcement action	

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 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.

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, we found that the decontamination of instruments was not carried out in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) guidance:

Domestic household gloves were not used for the manual scrubbing of instruments, wire brushes were in use and there was no hand-washing sink available within the decontamination room. We also found that some sterilised instruments were stored un-pouched.

Some clinical staff had not completed training in infection prevention and control as recommended and were not aware of HTM 01-05 guidance.

Records were not available to demonstrate that equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. We saw that the autoclave required the downloading of data in order to validate it. Staff were not aware of the need to do this or how it should be done. There had been no daily or weekly tests carried out on the washer-disinfector as recommended in HTM 01-05.

We noted that local anaesthetic cartridges had been removed from their packaging leaving them vulnerable to contamination, and cotton wool rolls were not kept in closed containers.

The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance.

The practice did not have adequate procedures to reduce the risk of Legionella or other bacteria developing in water systems.

A risk assessment had not been undertaken in respect of Legionella contamination. Records were not available to demonstrate that water testing was carried out.

The provider submitted evidence that a risk assessment had been booked following our inspection.

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

We saw the practice was visibly clean and there was a cleaning schedule to ensure the practice was kept clean. However, we observed that cleaning equipment was inappropriate for healthcare environments. There was only one mop available at the practice and it was unclear which areas the mop was being used as it was not colour coded. The staff member we spoke with was unclear about its use.

The practice had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. However, we found some recruitment records were incomplete. Enhanced Disclosure and Barring Services (DBS) checks had not been undertaken at the time of recruitment for three clinical members of staff and there was no evidence that the risk around these had been considered. In addition, there were no records of evidence of satisfactory conduct in previous employment (references) for two trainee dental nurses and one clinician.

Are services safe?

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

The practice had some systems in place to ensure that equipment was safe to use and maintained and serviced according to manufacturers' instructions. We saw evidence that much of the equipment was new, but some servicing was carried out reactively as a response to the inspection. In particular, the fire alarm system servicing was only carried out two days before our inspection and there were no records of previous checks.

The provider did not have effective fire safety management procedures. In particular, there was no fire risk assessment. The five-year fixed wiring electrical safety test had only been carried out on 14 June 2022 and the result was unsatisfactory. We asked to see evidence of Portable Appliance Testing (PAT) or equivalent to demonstrate safety of equipment. The provider could not tell us if or when this had been carried out. A fire risk assessment has been booked following our inspection.

The practice did not have arrangements to ensure the safety of the X-ray equipment. The required radiation protection information such as for example, local rules or a Radiation Protection File were unavailable.

A Radiation Protection Advisor had only been appointed on 14 June 2022.

The X-ray equipment had not been serviced and maintained according to manufacturer's requirements.

Risks to patients

The practice had not implemented systems to assess, monitor and manage risks to patient and staff safety. Safer sharps were not in use and there was no risk assessment to reflect this. Sharps were being disposed of by trainee dental nurses who did not have evidence of full protection against Hepatitis B virus. We also noted that sharps bins were not placed close to the areas where medical sharps were used.

Emergency equipment and medicines were not available and checked in accordance with national guidance. In particular, there was no medical oxygen or face masks available to manage respiratory distress. The provider did not have effective systems for assessing the risks arising from not having an Automated External Defibrillator (AED). There was no Buccal Midazolam, a medicine used to treat prolonged epileptic fits. There was no portable suction and there were no self-inflating bags for use on adults or children. The Glucagon (a medicine to treat low blood sugar) was stored in a fridge that was not temperature monitored.

The provider took immediate action following our inspection and we have assurances that the missing items are now in place.

The provider did not have effective monitoring systems in place to check the medical emergency and equipment. Staff told us that they checked the expiry dates of medical emergency medicines, however, no written records were available to confirm that these checks had been undertaken.

Some staff did not know how to respond to a medical emergency and had not completed training in emergency resuscitation and basic life support every year as per national recommendations.

There were ineffective systems to minimise the risk that could be caused from substances that are hazardous to health. We were shown some safety data sheets in relation to hazardous substances in use at the practice. These were not complete or stored as to be easily accessible if needed. There were no risk assessments or information as to how to deal with accidental exposure to hazardous substances. These practices were not in accordance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002.

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.

Are services safe?

The dentist told us they had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. There were no arrangements for monitoring or following up on referrals.

Safe and appropriate use of medicines

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not 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.

The orthodontist carried out a patient assessment in line with recognised guidance from the British Orthodontic Society.

Helping patients to live healthier lives

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

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.

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 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. Improvements could be made to the radiography audits to ensure they are following current guidance and legislation, in particular, by carrying out the audits at six-monthly intervals.

Effective staffing

Staff had some level of skills, knowledge and experience to carry out their roles. However, based on our findings on the day, we could not be assured staff had an understanding of important areas such as infection control, medical emergencies and basic life support.

The practice carried out an induction for newly appointed staff, but improvements were required as the provider could not demonstrate that there was a system and plan in place for the supervision and support of trainee staff. Induction records for the trainee dental nurses were basic and undated. These records did not demonstrate that the practice procedures were followed as to ensure staff were familiar with the practice policies, procedures and ways. Three staff members lacked awareness of their roles in the event of a medical emergency and they lacked knowledge and confidence in decontamination of used dental instruments.

Clinical staff completed continuing professional development required for their registration with the General Dental Council. However, we also noted that two trainee dental nurses did not have training in Basic Life Support (BLS), one trainee dental nurse and one dentist had completed online medical emergency training only and one dentist had BLS training which was out of date.

Two trainee dental nurses did not have infection prevention and control training, six members of the team did not have fire safety training and there were no records in relation to Legionella training for any members of staff.

Are services effective?

(for example, treatment is effective)

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.

The practice was a referral clinic for orthodontic treatment and we saw staff monitored and ensured the dentists were aware of all incoming referrals.

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/ 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.

Leadership capacity and capability

There was a lack of leadership and oversight at the practice.

Systems and processes were not embedded among staff. For example, staff were unaware of the processes in relation to infection control and dealing with medical emergencies.

The inspection highlighted some issues or omissions. For example, in relation to fire safety procedures, radiation protection arrangements, Legionella risks and dealing with medical emergencies.

The information and evidence presented during the inspection process was disorganised and poorly documented.

Culture

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

Some staff had discussed their training needs during clinical supervision. They also discussed learning needs and general wellbeing. Improvements were required to ensure this was embedded as the provider could not demonstrate that there were effective systems in place to support staff in their professional development.

Governance and management

The provider had overall responsibility for the management and clinical leadership of the practice and was responsible for the day to day running of the service. There was a lack of clear roles and systems for accountability to support good governance and management.

The practice did not have effective systems and processes in place in relation to the management of the service. We noted that the provider had a reactive rather than a proactive approach to governance. Several essential requirements, including servicing of equipment had not been undertaken regularly in the past and some were only booked in response to the CQC inspection being announced. For example, the servicing of the fire alarm system and the fixed wiring electrical installation testing had been carried out just days before the inspection.

The practice did not have clear and effective processes for managing risks, issues and performance.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had ineffective information governance arrangements. In particular, staff did not demonstrate an awareness of the importance of these in protecting patients' personal information. For example, the practice had installed closed-circuit television, (CCTV). The provider did not know whether recording took place. There was no privacy impact statement or policy to demonstrate how the data was stored or how to deal with a service user's request for information about it. There was inadequate signage within the practice. Staff were not familiar with the system and how to review and extract footage if required. This is contrary to the General Data Protection Regulation.

Engagement with patients, the public, staff and external partners

Are services well-led?

Staff gathered feedback from patients, the public and external partners and demonstrated commitment to acting on feedback.

Continuous improvement and innovation

The practice had systems and processes for learning, continuous improvement and innovation although some improvements are recommended.

The practice had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access, radiographs and infection prevention and control. There were inaccuracies within the infection prevention and control audits and there were no action plans. The dental care records audit was not clinician-specific and there was no evidence that results were shared.

Staff kept records of the results of these audits.

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	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 18 Staffing</p> <p>The service provider had failed to ensure that persons employed in the provision of regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:</p> <ul style="list-style-type: none">• There were inadequate arrangements to assess staff learning and development needs. <p>There were ineffective arrangements for induction for new staff and lack of adequate systems to support and supervise trainee staff. Not all staff had completed training as per recommended national guidance.</p> <p>Regulation 18(2)</p>

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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 12 Safe care and treatment</p> <p>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:</p> <p>There were ineffective arrangements to deal with medical emergencies:</p> <ul style="list-style-type: none">• There was no medical oxygen or oxygen face masks with reservoir and tubing for adults or children.• There was no automated external defibrillator (AED) and provider had not undertaken a risk assessment to mitigate this.• There was no emergency medicine (Buccal Midazolam) to treat Status Epilepticus.• There were no self-inflating bags or face masks available for adults or children• The fridge where the Glucagon (a medicine used to treat low blood sugar) was not temperature monitored. <p>There were ineffective arrangements to assess and mitigate the risk of fire at the practice:</p> <ul style="list-style-type: none">• There was no fire risk assessment• Fire safety checks were not routinely carried out.• The five-year fixed wiring electrical safety test had only been carried out on 14 June 2022 and the result was unsatisfactory.• Portable Appliance Testing (PAT) or equivalent had not been carried out.

Enforcement actions

There were ineffective arrangements to ensure the use of X-ray equipment was in accordance with Ionising radiation Regulations 2017 (IRR17) and Ionising Radiation (Medical Exposure) Regulations 2017 (IRMER17):

- Three yearly performance tests had not been carried out.
- The provider had not consulted with a Radiation Protection Advisor (RPA) prior to the installation of a new X-ray unit and complete necessary risk assessments and local rules.

The provider has failed to assess and mitigate risks in relation to the control and spread of infections, in accordance with the Department of Health Publication Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05). In particular:

- There was no separate hand-washing sink in the decontamination room.
- Domestic household gloves were not available for scrubbing contaminated dental instruments.
- There were no weekly or quarterly checks carried out on the washer-disinfector. Staff were also unable to explain how the autoclave's data was downloaded and analysed to provide assurances that each autoclave cycle was valid.
- Some sterilised dental instruments were stored un-pouched and staff we spoke with were not aware of the HTM01-05 guidance regarding the reprocessing of these instruments.
- Local anaesthetic cartridges had been removed from their packaging leaving them vulnerable to contamination and cotton wool rolls were not kept in closed containers.
- There was no Legionella Risk assessment and there was no evidence of water temperature checks.
- Cleaning equipment was inappropriate for healthcare environments.

Handling of sharps was not in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013:

Enforcement actions

- Safer sharps were not in use and there was no risk assessment to reflect this.
- Sharps were being disposed of by trainee dental nurses who did not have evidence of full protection against Hepatitis B. Two of the dental nurses had not received a full course of vaccines.
- Sharps bins were not placed close to the areas where medical sharps were used.

There was limited information available to staff about substances hazardous to health. This was not in accordance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002:

- There was an incomplete log of products used or risk assessments for COSHH products.
- There was no evidence that COSHH documentation was reviewed or organised in a way to be accessible to staff if required.

Regulation 12 (1)

Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulation 17 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

Enforcement actions

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 systems for monitoring the medicines and equipment used for the treatment of medical emergencies taking into account relevant guidance. The checklist failed to identify that medical oxygen and equipment needed in the event of a medical emergency was missing.
- There were ineffective systems for assessing the risks relating to the handling and disposal of sharps, the storage and control of substances hazardous to health, fire, legionella and radiography.
- Use of Closed-Circuit Television (CCTV) at the practice was not in accordance with General Data Protection Regulation.
- There were no records of received complaints or details of how they were investigated.
- The Infection Prevention Control (IPC) audit did not accurately reflect the practices within the practice. We saw that two trainee dental nurses had not received a full course of vaccinations.
- There was no practice referrals procedure available or documented in respect of making or following up on referrals made by the practice.
- Some recruitment records did not include information as required by The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Schedule 3). In particular, there were incomplete processes for Disclosure and Barring Service checks for the three trainee dental nurses. Records of evidence of satisfactory conduct in previous employment (references) for the three trainee dental nurses and one clinician were not available.
- Governance systems were ineffective as they did not include sufficient oversight, scrutiny and overall responsibility by the registered manager:

Enforcement actions

1. There were ineffective systems to maintain and share records in relation to the management of regulated activities. In particular, there were no records in regard to fire safety, legionella management, radiation protection and equipment maintenance
2. Some essential requirements had only been undertaken after the announcement of the inspection. In particular, a radiation protection adviser (RPA) was appointed just days before our inspection and the fire alarm system was only serviced on 14 June 2022.

Regulation 17(1)