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Montrose Smile Studio

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 4 May 2023 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 advisor.

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 appeared clean and well-maintained.
- The practice had infection control procedures which broadly reflected published guidance.
- 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.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.

Summary of findings

- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- Staff knew how to deal with medical emergencies. Improvements were required to ensure all life-saving medicines and equipment were available as per national guidelines.
- There were ineffective systems to support continuous improvement.
- The practice had ineffective systems to manage risks for service users and staff, and those arising from the use of equipment and the premises.

Background

Montrose Smile Studio is in Twickenham in the London Borough of Richmond-upon-Thames and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 2 dental nurses, 1 dental hygienist, and 1 dental therapist. The practice has 3 treatment rooms.

During the inspection we spoke with the dentists, and the dental nurses. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Wednesday from 9am to 5pm

Friday from 9am to 1pm

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

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

Full details of the regulation the provider was not meeting are at the end of this report.

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

- Take action to ensure audits of radiography are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

Summary of findings

- Improve and develop staff awareness of autism and learning disabilities, and the requirements of the Mental Capacity Act 2005 and ensure all staff receive appropriate training.

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?	No action ✓
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 providing safe care in accordance with the relevant regulations.

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. Improvements were required to ensure radiograph holders were stored in pouches, and local anaesthetic cartridges, up to the point of use remained in their blister packs to prevent contamination. We have received assurances that this has been rectified.

The practice had some procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. However, we observed that hot water temperatures were not consistently reaching the threshold of 55 Celsius and the readings were not being obtained from the outlets identified within the risk assessment. The provider took immediate action by increasing the temperature of the boiler.

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

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. These reflected the relevant legislation.

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

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions.

The provider did not ensure the facilities were maintained in accordance with regulations. We noted that the five-year fixed wiring safety test had not been carried out.

The provider did not have effective fire safety management procedures. In particular, a fire safety risk assessment had not been carried out. There was one battery smoke alarm which had not been checked regularly and although there were 2 emergency lighting units, these had not been serviced or tested as the provider did not know how to conduct tests. Staff had not received any fire safety training in recent years. We did however see that fire extinguishers were available and serviced and staff knew about evacuation procedures as these were discussed at practice meetings. Exits were clearly signposted and free from obstacles. The provider arranged for a fire risk assessment to be carried out following our inspection.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available.

Risks to patients

The practice had implemented systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and lone working.

Staff had not completed sepsis awareness training. Sepsis prompts to assist the staff to triage appointments and patient information posters were not displayed within the practice. The provider has assured us that training will be undertaken.

Emergency medicines were available with the exception of oromucosal Midazolam (a medicine used to treat prolonged epileptic seizures). We also noted that Aspirin to treat heart attacks was not the dispersible formulation as recommended

Are services safe?

in national guidance. We found shortfalls in the management of some emergency equipment. The checklist to ensure that life-saving equipment was readily available had not identified that the adhesive pads within the Automated External defibrillator (AED) had expired and that scissors and a razor were unavailable. There was no eye wash or bodily fluids spillage kit. The provider took immediate action and has obtained all items following our inspection.

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation and basic life support every year. Immediate life support training was also completed by staff providing treatment to patients under sedation.

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Improvements were required to include risk assessments for domestic cleaning products.

Information to deliver safe care and treatment

Patient care records were legible, kept securely and complied with General Data Protection Regulation requirements. We noted that medical histories were not always updated, or verbal consent recorded.

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. Antimicrobial prescribing audits were carried out.

Track record on safety, and lessons learned and improvements

The practice had a system for receiving and acting on safety alerts. However, there were ineffective systems to review and investigate incidents. The practice had not recognised the importance of learning following significant events to prevent repetition.

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 practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks, and staff availability and training.

We saw the provision of dental implants was in accordance with national guidance.

Helping patients to live healthier lives

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

Staff were aware of national oral health campaigns which supported patients to live healthier lives, for example, local stop smoking services. They directed patients to these schemes when appropriate.

Consent to care and treatment

Staff obtained patients' consent to care and treatment in line with legislation and guidance. However, improvements were required to understand their responsibilities under the Mental Capacity Act 2005, and Gillick Competency which is a term used when a child under the age of 16, is assessed to be capable of consenting to medical treatment. Records were not available to demonstrate staff undertook training in patient consent and mental capacity.

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 patient care records broadly in line with recognised guidance. Periodontal disease classification published by the British Society of Periodontology was not included within patient records, and neither was social history. We did not see evidence of intra-operative records of some sedation procedures. As a minimum, pre-operative, intra-operative and post-operative recordings should be taken and documented throughout the sedation event until point of discharge.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients living with dementia or adults and children with a learning disability. However, we saw no evidence that autism and disability awareness training had been completed.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits annually, but no action plans were made. Guidance states that analysis should be undertaken at least every 6 months.

Effective staffing

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

Locum and newly appointed staff had a structured induction and clinical staff completed continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

Are services effective?

(for example, treatment is effective)

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.

We saw feedback from patients who said staff were compassionate and understanding when they were in pain, distress or discomfort.

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. They stored paper records securely.

Involving people in decisions about care and treatment

Staff helped patients to be involved in decisions about their care and gave patients clear information to help them make informed choices about their treatment.

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

The dentists explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, and X-ray images.

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 and preferences.

Staff were clear about the importance of providing emotional support to patients when delivering care.

The practice had made reasonable adjustments, including an enabled toilet for service users with access requirements. An induction hearing loop was available for users with hearing aids. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website and patient information leaflet.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. The practice had an appointment system to respond to patients' needs. The frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. Patients had enough time during their appointment and did not feel rushed.

The practice's website, information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day. Improvements were required to ensure provision for patients who may require emergency advice or treatment at weekends. The provider implemented this immediately following our inspection.

Patients who needed an urgent appointment were offered one in a timely manner. When the practice was unable to offer an urgent appointment, they worked with partner organisations to support urgent access for patients. Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice responded to concerns and complaints appropriately. Staff discussed outcomes 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 people's safety.

We found the provider had the values and skills to deliver high-quality, sustainable care although improvements were required to improve oversight at the practice.

We found that all staff members worked well together. The inspection highlighted some issues and omissions such as relating to medical emergency equipment, fire safety procedures and continuous improvement. Following our inspection feedback, the provider took swift action to address the shortcomings.

The information and evidence presented during the inspection process was clear and well documented.

We saw the practice had effective processes to support and develop staff with additional roles and responsibilities.

Culture

Staff stated they felt respected, supported and valued. They were proud to work in the practice. This was evident as the majority of staff had been working at the practice for over 15 years.

Staff discussed their training needs during meetings and daily huddles. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure that most staff training was up-to-date and reviewed at the required intervals. Improvements were required to ensure that staff were trained adequately to perform their roles. In particular, fire safety, autism and learning disability awareness, Mental Capacity Act (2005) requirements and sepsis awareness.

Governance and management

The practice had a governance system which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Improvements were needed to ensure processes for managing risks were effective. The practice Health and safety Risk assessment had stated that fixed wiring checks were carried out at 5-yearly intervals but this was inaccurate.

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 protecting patients' personal information.

Engagement with patients, the public, staff and external partners

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

Feedback from staff was obtained through meetings and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Are services well-led?

The practice was also a member of a good practice certification scheme.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, continuous improvement that required some improvements. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. Staff kept records of the results of these audits but action plans and improvements were not always recorded or implemented.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17 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 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">• Risks related to fixed electrical wiring, fire, Legionella, incidents and significant events, and sepsis had not been suitably identified and mitigated. <p>Regulation 17(1)</p>