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Finchley Dental Care Centre

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 24 March 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.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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

- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- Patients were treated with dignity and respect. Improvements were needed to ensure that patient care records were stored securely.
- The clinical staff provided patients' care and treatment in line with current guidance. Improvements were needed to ensure patient care was suitably recorded within the dental care records.
- Risks to staff and patients from undertaking of regulated activities had not been suitably identified and mitigated.
- There was a lack of oversight of the day-to-day management of the service, and ineffective systems to support continuous improvement.

The provider responded immediately to our findings, and implemented prompt actions to mitigate the risks associated with fire, hazardous substances and Legionella.

Background

Finchley Dental Care Centre is in Finchley in the London Borough of Barnet and provides NHS and private dental care and treatment for adults and children.

The practice is on the first and second floor of a high street building and not accessible for people who use wheelchairs and those with pushchairs. The practice has processes in place to communicate this to patients prior to their appointments. Car parking spaces are available near the practice.

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

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

The practice is open:

Monday, Wednesday, Thursday and Friday from 9am to 5.30pm.

Tuesday from 9am to 9pm

Saturday from 9am to 1pm.

We identified regulations the provider was/is 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:

Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- 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 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 shared with us their safeguarding folder that provided information on internal processes to raise concerns, a safeguarding action plan and details of the local authority. All staff, except one had completed safeguarding training at a level appropriate to their role. Following the inspection, we received evidence that they had now completed the relevant safeguarding training.

The practice had infection control procedures which broadly reflected published guidance. We noted that staff did not use an appropriate cleaning agent for the manual cleaning of dental instruments. In addition, we noted that there were no systems in place to ensure that the long-handled brushes were single use or replaced at the manufacturer`s recommended intervals, and whether domestic gloves were replaced weekly or more frequently if worn and torn.

We observed that the containers used for the transportation of contaminated and sterilised instruments were not clearly marked. Following the inspection, the provider told us that they now had adopted the use of a detergent that was specified for the purpose of cleaning dental instruments, implemented a log to monitor the use of domestic gloves and long-handled brushes, and put in place clearly marked 'dirty' and 'clean' transportation boxes.

The practice had systems in place to regularly flush and disinfect dental unit waterlines (DUWLs). We saw records that the practice carried out monthly temperature checks of the hot and cold-water outlets. However, a Legionella risk assessment was not available for review and the practice did not have a written waterline management scheme. This meant that systems and processes to prevent the risk of Legionella were not based on the findings of a risk assessment specific to the practice. Following the inspection, the provider submitted a schematic drawing of the waterlines within the practice from 2011. We noted that this was not reflective of the current arrangements within the practice, as since that assessment the practice had removed the cold tank and hot cylinder from the system and installed a new boiler.

The practice had policies and procedures in place to ensure clinical waste was segregated in line with guidance. Improvements could be made to ensure thatthe upstairs office used to store clinical waste awaiting collection was suitably secured, as this room could potentially be accessed by persons working at another business situated on that floor. Following the inspection, the provider told us that they would ensure that the locks were functioning by 28 March 2023.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. Improvements could be made to ensure that cleaning materials were stored securely, and environmental cleaning mops and buckets were stored appropriately in line with the relevant guidance.

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

The recruitment procedure to help the practice employ new staff did not reflect national legislation. We checked 6 staff recruitment records and found that Enhanced Disclosure and Barring Service (DBS) checks had not been undertaken for 2 clinical members of staff.

The practice ensured equipment was safe to use, maintained and serviced according to manufacturers' instructions. The portable appliance testing was completed on 12 March 2023. We saw evidence that the air conditioning system had been serviced on 23 March 2023. The autoclave and the compressor received annual servicing in line with the relevant legislation.

Are services safe?

The 5-yearly electrical installation condition checks had not been undertaken. Following the inspection, the provider informed us that they had arranged the electrical installation checks for 29 March 2023.

The practice had not suitably identified and mitigated risks associated with fire. A risk assessment had not been undertaken or reviewed regularly by a person with the qualifications, competence and experience to do so. The practice had one domestic smoke detector installed. Improvements could be made to ensure that this was regularly tested. In addition, the practice did not have an emergency lighting system, the fire evacuation plan was not displayed, fire drills were not carried out and staff had not completed fire safety training.

Following the inspection, the provider informed us that they had arranged a fire risk assessment with an external company for 31 March 2023. In addition, we were informed that a second smoke detector had been installed, fire action notice displayed at the reception and weekly checks of the fire safety equipment implemented.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. Improvements could be made to ensure that the local rules included details of the Radiation Protection Supervisor (RPS) and a list of the operators.

Risks to patients

The practice used a safer sharps system, and a sharps risk assessment was included in their general risk assessment. Improvements could be made to ensure that this included all types of sharps used and the practice specific control measures.

Emergency equipment and medicines were available and checked in accordance with national guidance.

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

The provider could not demonstrate that they had undertaken a risk assessment for all hazardous materials used within the practice as per Control of Substances Hazardous to Health Regulations 2002 (COSHH).

Information to deliver safe care and treatment

On the day of inspection, we observed that patient care records were not kept securely. We noted that a large number of paper records were kept on open shelves in an unlocked office and also in an unlocked cabinet in the treatment room.

The practice did not have systems for monitoring referrals made for patients with suspected oral cancer under the national two-week wait arrangements.

Safe and appropriate use of medicines

The practice did not have systems for appropriate and safe handling of medicines. On the day of inspection, we observed that the key to the medicines cabinet was kept in the lock. The log to monitor the medication kept on site was not effective. The prescription log was not appropriate to identify missing NHS prescriptions. Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate 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.

We saw the provision of dental implants was in accordance with national guidance. Improvements were needed to ensure that clinical records of patients receiving implant treatments included details such as pre-assessment, medical history, justification and reporting on radiographs, and details of discussion about the benefits and risks of treatment options discussed.

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. They 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 did not maintain detailed patient care records in line with recognised guidance. We looked at 12 patient care records and found these to be incomplete. 9 patients did not have examination notes for the dates reviewed and the 3 records that were available were missing details, including medical history, Basic Periodontal Examination (BPE), justification of radiographs taken, reporting on radiographs, treatment options, risk assessment, recall interval based on risk assessment and written evidence of consent taken. The principal dentist told us that they always carried out clinical examination in line with the relevant guidance and they took verbal consent. However, they accepted that this was not appropriately reflected in the patient notes. We noted that shortly before the inspection the dentists had started using templates to help them improve their record keeping practice.

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.

Improvements were needed to ensure that the dentists justified, graded and reported on the radiographs they took. A radiography audit undertaken on 28 February 2023 was made available for review. Improvements could be made to ensure that these audits were carried out 6 monthly in line with the relevant guidance.

Effective staffing

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

Clinical staff completed continuing professional development required for their registration with the General Dental Council.

We noted that there were no arrangements for staff new to the practice to have a structured induction programme.

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 dentist 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.

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. Improvements were needed to ensure that paper records were stored 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 provided patients with information about the range of treatments available at the practice.

The dentist explained the methods they used to help patients understand their treatment options. These included for example photographs 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 was not accessible to wheelchair users and staff had systems in place to communicate this to patients ahead of their appointments. 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.

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. Patients had enough time during their appointment and did not feel rushed.

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

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

Leadership and governance needed improvement to better support the practice`s ability to deliver safe, high-quality care. Staff could not assure us that they understood risks pertaining to the management of the service and the delivery of care.

The information and evidence presented during the inspection process was not always well documented. Improvements were needed to ensure that records, such as, various audits, checklists and policies were readily available and easily accessible to all members of staff and those who would need to review them. The documents not available on the day were submitted following the inspection.

Culture

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

There were no records to demonstrate that individual training needs had been discussed during annual appraisals or one to one meeting.

Governance and management

The practice did not have effective governance and management arrangements. The General health and safety risk assessment dated 3 August 2021 and reviewed on 24 August 2022 did not provide staff with accurate information. For example, it stated that fixed electrical systems were inspected every 5 years, and a fire risk assessment had been completed, and doors were locked. None of these statements were substantiated in our findings on the day of inspection.

The processes for managing risks were ineffective. The practice did not have adequate systems in place for identifying, assessing, and mitigating risks in areas such fire safety, Legionella, COSHH and general health and safety.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The practice had ineffective information governance arrangements. In particular, we saw that patient care records were not stored securely.

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 informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Continuous improvement and innovation

The practice had some systems and processes for learning, quality assurance, continuous improvement. These included audits of disability access, radiographs, and infection prevention and control. Improvements were needed to ensure that antimicrobial prescribing audits and record card audits were also carried out.

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 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 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: • Risks associated with fire, premises, environment cleaning, Legionella, storage and handling of hazardous substances, recruitment, general health and safety, medicines, patient referrals had not been suitably identified and mitigated. 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: • The practice did not have a structured induction process in place. • There were no records to demonstrate that individual development needs had been discussed during annual appraisals or one to one discussions. The registered person had systems or processes in place that operated 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:

This section is primarily information for the provider

Requirement notices

- Clinical records we checked were not completed suitably and were missing key examination details.

There were ineffective systems or processes that ensured the registered person had maintained such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activities. In particular:

- Two members of staff did not have an enhanced DBS check available.

There was additional evidence of poor governance. In particular:

- Governance systems were ineffective as they did not include sufficient oversight, scrutiny and overall responsibility by the registered person.

Regulation 17 (1)