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Northwood Hills Dental Clinic

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 26 October 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 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 was visibly clean and well-maintained.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- 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.
- 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.

Summary of findings

- 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.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.
- The practice did not have infection control procedures which reflected published guidance.
- The provider did not have suitable staff recruitment procedures to comply with current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines. Improvements were needed to ensure information related to 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 were ineffective systems to ensure the safety of radiography equipment.
- There was ineffective leadership and governance.

Background

Northwood Hills Dental Clinic is in Hillingdon and provides NHS and 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. Car parking spaces are available on site and near the practice. The practice has made reasonable adjustments to support patients with additional needs.

The dental team includes the principal dentist, 1 associate dentist, 3 visiting dentists, 2 dental nurses and 1 dental hygienist. The practice has 2 treatment rooms and a separate decontamination room.

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

The practice is open:

Monday to Thursday 9am to 5.30pm

Friday 8am to 2pm

Saturdays by appointment only.

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/s 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 the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.

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.

We found shortcomings in the infection prevention and control procedures. The practice did not have a process in place to ensure that the maximum storage time of 1 week for unwrapped instruments stored in the non-clinical area and the maximum storage time of 1 day for unwrapped instruments stored in the clinical area were not exceeded. Following the inspection, the practice submitted their revised guidance for packaging and storage of dental instruments and told us that this information had been passed on to the dental team and the team had received training accordingly. We noted that the new updated guidance was in line with the guidance set out in the Department of Health and Social Care publication 'Health and Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05).

The practice had some procedures in place to reduce the risk of Legionella or other bacteria developing in water systems. We saw evidence that monthly checks of the hot and cold-water outlets had been carried out. On the day of inspection, a Legionella risk assessment and a written waterline management scheme was not available for review. Following the inspection, the practice submitted a Legionella risk assessment dated 19 April 2011. This risk assessment had made a number of recommendations, including the review of the risk assessment every two years, descaling the outlets and logging every three months, removing dead legs in the staff room, compiling a log of rarely used outlets and implementing and logging weekly flushing. From our observations and speaking with staff on the day we were not assured that all recommendations made within the Legionella risk assessment had been acted upon and the identified defects had been resolved.

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 an effective cleaning schedule to ensure the practice was kept clean.

The recruitment procedure to help the practice employ suitable staff did not reflect national guidance. We reviewed 7 staff records. We noted that a proof of identity including a recent photograph was not obtained at the time of recruitment for all members of staff. Further, a copy of an enhanced criminal record certificate was not available for review for a newly appointed clinical staff. In addition, records were not available to show that satisfactory evidence of conduct in previous employment had been sought for all members of staff.

Following the inspection, the provider submitted the missing proof of identity and enhanced Disclosure and Barring Service (DBS) check documents. Improvements were needed to ensure that information required in respect of persons employed for the purposes of regulated activities were obtained at the point of recruitment and these documents were retained and records stored appropriately.

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

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions. The practice ensured the facilities were maintained in accordance with regulations.

We saw that fire extinguishers were available and serviced regularly, and the fire exits were kept clear. The practice kept records of the weekly fire alarm and smoke detector tests and the 6-monthly fire drills they undertook. However, there

Are services safe?

was no evidence that the fire alarm system had been serviced according to the manufacturer`s guidance. On the day of inspection, a fire risk assessment carried out by a person who has the knowledge, experience and qualification to do so was not available for review. Following the inspection, the provider submitted evidence that a fire risk assessment had been completed by a competent person on 30 October 2022 and no immediate actions were identified.

On the day of inspection, the provider could not demonstrate that staff completed fire awareness training. Following the inspection, we received evidence that all members of staff had now completed fire safety training and a fire marshal had been appointed.

The practice did not have effective arrangements to ensure the safety of the X-ray equipment. On the day of inspection, annual mechanical servicing reports and 3 yearly calibration and dosage certificates were not available for review. The provider told us that the tests had been carried out on 21 October 2022 and they were awaiting the results from Public Health England. However, there was no evidence that checks to ensure the safety of radiation equipment had been carried out in line with the relevant regulations prior to this date. Improvements were needed to the ongoing testing, servicing and maintenance of radiography equipment.

In addition, the provider could not demonstrate that they had consulted their Radiation Protection Advisor about the radiography safety arrangements within the practice and the local rules were not tailored to the service.

Risks to patients

On the day of inspection, a sharps risk assessment was not available for review. Following the inspection, the provider submitted a sharps risk assessment that 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 practice did not carry out risk assessments for all materials to minimise the risk that could be caused from substances that are hazardous to health. Following the inspection, the practice told us that they were in the process of adding risk assessments of all hazardous materials used to their Control of Substances Hazardous to Health, 2002 (COSHH) folder.

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 handling of medicines. 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.

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 did not always keep detailed care records in line with recognised guidance. We looked at 4 dental care records and found they were missing risk assessments for oral cancer, caries and tooth wear, recall intervals according to risk, details of verbal consent gained and reference to NICE guidelines.

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. The practice carried out radiography audits six-monthly following current guidance and legislation.

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. Improvements could be made to ensure there was a structured induction program in place to prepare newly appointed staff for their role.

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.

We observed that staff were compassionate and understanding with patients and helpful 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.

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

The practice's 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 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. It took account of patient needs and preferences.

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

The practice had made reasonable adjustments for patients with disabilities. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

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.

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

We found that there was ineffective leadership which impacted on the practice`s ability to deliver safe, high quality care. The principal dentist 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 in relation to the management of regulated activities were readily available and easily accessible to all members of staff and those who would need to review them. For example, there were ineffective systems in place to obtain, retain and monitor documents in relation to training and continuing personal development.

Culture

Staff we spoke with stated they enjoyed working at the practice.

We however noted that there were no arrangements in place for staff to discuss their training needs at an appraisal. 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.

The practice had a system of clinical governance in place 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 there was an ongoing management of risks associated with fire and general health and safety and there were systems in place to identify and mitigate risks. In relation to Legionella, improvements were needed to ensure that where risks had been highlighted and recommendations made in risk assessments, the practice acted upon these and reviews were being carried out.

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, the public and external partners and a demonstrated commitment to acting on feedback.

The practice gathered feedback from staff 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.

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, disability access, 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 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. 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: • Infection control processes were not in accordance with the Department of Health publication 'Health and Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05). • The provider could not demonstrate that recommendations made in legionella risk assessments had been acted upon. • There were no arrangements to ensure the safety of the X-ray equipment. The required radiation protection information was not available and there was no evidence that quality assurance tests were regularly carried out in line with the regulations. • COSHH assessments had not been carried out for all hazardous material used in the practice. The registered person had systems and processes in place that -operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:

This section is primarily information for the provider

Requirement notices

- Information required in respect of persons employed for the purposes of regulated activities, including proof of identity with photograph, enhanced DBS check and evidence of conduct in previous employment were not obtained at the point of employment

Regulation 17 (1)