

Oakleigh House Dental Practice

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Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 12 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.
- 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.
- The practice had staff recruitment procedures which reflected current legislation.

Summary of findings

- 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.
- 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.
- There was a culture of continuous improvement
- 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.
- The practice had information governance arrangements.
- The practice had systems which worked ineffectively to manage risks for patients and staff, and those arising from the use of equipment and the premises.

Background

Oakleigh House Dental Practice is in Isleworth in the London Borough of Hounslow and provides NHS and 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 6 dentists, 5 dental nurses, 2 dental hygienists, 1 practice manager and 4 receptionists. The practice has 6 treatment rooms.

During the inspection we spoke with the 2 principal dentists, 3 associate dentists, 1 dental nurse, 1 dental hygienist, and the practice manager. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8.30am to 5pm

The practice had taken steps to improve environmental sustainability. For example, a wildflower garden had been planted to encourage bees to an otherwise built-up area.

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:

Summary of findings

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- 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 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. We noted that staff had misinterpreted one part of the guidance within the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, published by the Department of Health. The water used for manual scrubbing of contaminated instruments should be maintained at a temperature below 45 degrees Celsius (C) to prevent coagulation of protein and inhibition of its removal. We observed that staff were maintaining the water temperature above 45 degree C and the displayed protocol was also incorrect. Staff were informed of this, and the protocol was changed immediately.

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 reaching the threshold of 55 Celsius at sentinel outlets. Temperatures were being recorded at approximately 30 Celsius only and no action was taken to investigate or rectify this. Bacteria proliferate in water systems at temperatures between 20-45 C and it is essential to maintain temperatures such to prevent bacterial proliferation.

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 practice ensured the facilities were maintained in accordance with regulations.

A suitable and sufficient assessment of the risks arising from fire had not been undertaken. The risk assessment had not considered the need for emergency lighting within the practice, and that many staff had not received fire safety training. We observed a fan heater and overloaded extension leads within the office, which can create a significant fire risk. We were informed about a tenant, who lived within a separate aspect of the property, and the fire risk assessment had not taken this into account. However, in mitigation, we saw that fire extinguishers were checked and serviced, battery smoke alarms were situated throughout the practice and tested weekly, and the fire exits were unobstructed and signposted. Fire drills took place annually. Following our inspection, the provider removed the overloaded extension leads.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. Improvements were required to ensure the X-ray equipment was serviced and maintained annually as recommended with the Radiation Protection Advisor's performance test reports.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. However, we noted that safer sharps were not available, and the risk assessment did not detail the rationale for this or how the risks were mitigated. The sharps policy stated that needle blocks were used but we observed that these were not available, and the provider confirmed our findings.

Are services safe?

Emergency equipment and medicines were available and checked in accordance with national guidance. The practice had Aspirin to treat heart attacks, however it was not of the dispersible formulation as recommended. The provider has obtained the correct formula following our feedback. Glucagon, a medicine to treat low blood sugar was stored within a refrigerator where the temperatures were monitored daily, but we noted that the temperature exceeded the range recommended by the manufacturer for this medicine's storage. The provider assured us that has been addressed.

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

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Patient care records were complete, legible, 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 which required improvement. Prescriptions were not monitored effectively for security as described in current guidance.

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.

Helping patients to live healthier lives

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

Staff were aware of and involved with national oral health campaigns and local schemes 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. 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 kept detailed patient care records in line with recognised guidance.

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.

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.

Effective staffing

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

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

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.

On the day of inspection, we spoke with 2 patients. Both patients we spoke with told us that they were very happy with the service and that the dentists discussed treatment options clearly.

Patients said staff were compassionate and understanding when they were in pain, distress or discomfort. We saw several greetings cards from patients thanking staff for their care.

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 information 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, videos, X-ray images and intra-oral cameras.

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, for patients with access requirements. A hearing induction loop was available for patients who use 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 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

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 observed a strong emphasis on continually striving to improve.

We found that all staff members worked well together. The inspection highlighted some issues and omissions relating to fire safety and Legionella control.

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 could show how they ensured high-quality sustainable services and demonstrated improvements over time.

Staff stated they felt respected, supported and valued. They were proud to work in the practice. We observed how the provider encouraged staff to speak up, in an anonymous manner, and issues would be discussed without judgement at practice meetings. For example, some dental nurses were unhappy when the dentists carried out unplanned treatments during short appointments. This created stress for staff. The provider had considered this carefully and made significant changes to the appointment system. Feedback demonstrated that the new system was working well and the stress was being avoided.

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

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

Governance and management

Staff had clear responsibilities, roles and systems of accountability to support good 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.

The practice did not have clear and effective processes for managing risks. For example, the legionella risk assessment had not been clearly understood or acted upon, and the provider had not recognised that the fire risk assessment was inadequate. The sharps risk assessment was incomplete.

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

Are services well-led?

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, anonymous notes, 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. As a result of a suggestion, a memo system had been introduced to prevent clinicians being interrupted by queries during appointments, meaning that patients were receiving their full attention.

Continuous improvement and innovation

The practice had systems and processes for learning, quality assurance, and continuous improvement. These included audits of patient 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.

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 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 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: Fire Safety Management was ineffective: • A suitable and sufficient fire risk assessment had not been undertaken. • There was no emergency lighting. • There were overloaded extension leads and a fan heater in the office. • The risk to and from the residential tenant had not been considered. • Not all staff had received fire safety training. The risks associated with water systems were not effectively reviewed and mitigated. • The hot water system was not maintained at a temperature suitable for healthcare premises. Risks associated with the handling of sharps had not been assessed in accordance with the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013.

This section is primarily information for the provider

Requirement notices

The risks associated with the use of X-ray equipment had not been effectively considered.

- X-ray units had not had annual electro-mechanical servicing as recommended by the Radiation Protection Advisor.

Regulation 17 (1)