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Belmont Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 8 June 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 reflected published guidance.
- Staff knew how to deal with medical emergencies. Improvements were required with regards to the availability of medicines and life-saving equipment.
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- 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.
- 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 some systems to manage risks for patients, staff, equipment, and the premises. Improvement was required to manage the risks associated with fire.
- The practice had not completed infection prevention and control or radiography audits in line with guidance.

Background

Belmont Dental Practice is in Belmont in the London borough of Sutton 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 1 principal dentist, 2 associate dentists, 2 dental nurses, 2 receptionists, 1 administrator and 2 support staff. The practice has 2 treatment rooms.

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

The practice is open: from 9am to 5pm Monday to Friday. They close for lunch from 1-2pm

We identified a regulation the provider 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:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Implement systems for environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Take action to ensure the availability of all medicines in the practice to manage medical emergencies taking into account the guidelines issued by the British National Formulary and the General Dental Council.

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 reflected published guidance. Improvements were required to ensure infection control audits were carried out in line with guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

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. Improvements were required for the storage and colour coding of cleaning equipment to ensure it was stored in line with guidance.

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 and registered with the General Dental Council. Staff had professional indemnity cover. Improvements were required to ensure evidence of professional indemnity was available at the practice. The principal dentist sent us evidence of staff indemnity cover shortly after the inspection.

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 fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety required improvement. The practice was not able to demonstrate effective fire safety. There was no evidence that fire drills and check to fire equipment were being completed and there were no evacuation procedures available.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. The practice did not have up to date registration with the Health and Safety Executive (HSE).

Risks to patients

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

Emergency equipment and medicines were not available and checked in accordance with national guidance. There was only 1 ampoule of adrenaline (the medicine used to manage a severe allergic reaction) which was insufficient to administer a follow up dose if required. In addition the child self-inflating bag with reservoir, and 2 sizes of clear face masks for the self-inflating bags and blood and bodily fluids spillage kits were not available. The provider took prompt action and ordered them. They sent evidence that they were received in the practice 2 days after the inspection. Medicine to manage low blood sugar in an emergency (Glucagon) was stored in the fridge. The temperatures were monitored however readings were not logged so there was no way to ensure it was stored within the recommended temperature range and to ensure its efficiency.

Are services safe?

The practice could only provide evidence that 1 member of staff (associate dentist) completed basic life support training in recent years. The principal dentist told us that some had completed training online, but they did not have the certification to evidence this. Shortly after the inspection we were sent evidence that all staff had completed online training and were due to complete face to face training in the coming weeks.

The practice did not have appropriate risk assessments for all items 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. Antimicrobial prescribing audits, however were not being 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.

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 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 did not complete radiography audits six-monthly following current guidance.

Effective staffing

Staff had the skills, knowledge, and experience to carry out their roles. Improvements were required to ensure training records were maintained to support this.

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 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. 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 information leaflet 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, study models, X-ray images and an intra-oral camera.

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.

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 in their 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 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.

The information and evidence presented during the inspection process was not clear or well organised. Improvements were required to the electronic and paper filing systems so that documents were easily accessible.

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.

Staff discussed their training needs during 1 to 1 meeting. They also discussed learning needs, general wellbeing and aims for future professional development.

Improvement was required 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.

We saw there were some processes for managing risks, issues, and performance. The management of fire safety and Control of Substances Hazardous to Health required improvement.

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 told us that they gathered feedback from patients. However, we saw that the last feedback gathered was via friends and family test (FFT) in 2019.

Feedback from staff was obtained through meetings and informal discussions. Staff told us they 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

Improvements were required to the systems and processes for learning, quality assurance, continuous improvement.

There was no robust system in place for auditing. The practice was not completing radiography and infection prevention and control audits.

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>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> <ul style="list-style-type: none">• 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 improve the quality and safety of the services being provided. In particular: The practice had not completed infection prevention and control or radiography audits in line with guidance. <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">• There was insufficient doses of adrenaline and equipment were available in the medical emergencies kit, and glucagon was not stored appropriately to ensure its efficiency.• Documents confirming premises checks were not available for portable appliance testing.• Risk assessments were missing for some COSHH items.• There was no evidence of fire safety checks, fire drills and a fire evacuation plan. <p>The registered person had systems or 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:</p>

This section is primarily information for the provider

Requirement notices

Staff training was not monitored in such a way that the provider could confirm if staff were up to date with continuing professional development requirements.

There was additional evidence of poor governance. In particular:

- The practice had not completed the required re-registration with the HSE.
- Governance arrangements were not in place to ensure orderly filing systems for policies and procedures.

Regulation 17 (1)