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Lotus Clinic Dental & Aesthetic Medicine London

Inspection report

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Overall summary

We carried out this unannounced focused inspection on 8 April 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to follow up on information of concern we received and 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 adviser.

To get to the heart of patients' experiences of care and treatment,

we usually ask five key questions, however due to the ongoing COVID-19 pandemic and to reduce time spent on site, only the following three questions were asked:

• Is it safe?

• Is it effective?

• Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system took account of patients' needs.

Summary of findings

- The practice had infection control procedures which reflected published guidance. However, improvements were needed to ensure these were understood and complied with.
- Staff knew how to deal with medical emergencies. Improvements were needed to ensure that appropriate checks were carried out at regular intervals and medicines past their use by date were disposed of suitably.
- The practice had systems to help them manage risk to patients and staff. Improvements were needed to ensure that these systems were monitored, risk assessments were completed accurately and acted on to mitigate risks.
- The practice had staff recruitment procedures which reflected current legislation. Improvements were needed to ensure relevant information was maintained for visiting specialist staff.
- Improvements were needed to ensure effective leadership and a culture of continuous improvement.

Background

Lotus Clinic Dental & Aesthetic Medicine London is in the London Borough Barnet and provides 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. The practice has made adjustments to support patients with additional needs, including level access and treatment rooms on the ground floor.

The dental team includes five dentists, two dental hygienists, three nurses and one receptionist. The practice has four treatment rooms.

During the inspection we spoke with two dentists, two dental nurses, a visiting sedationist, one receptionist and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays to Fridays between 8am and 5.30pm

Alternate Saturdays between 9am and 3.30pm

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 is not meeting are at the end of this report.

There was an area where the provider could make improvements. They should:

Review the practice's recruitment procedures to ensure that appropriate checks are completed in relation to temporary agency and visiting specialist staff.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**No action** ✓
Are services effective?	**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. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. Improvements were needed to ensure the infection control procedures were followed. Infection prevention and control audits were carried out annually. These audits should be carried out every six months in accordance with current guidance. Cleaning equipment including cleaning mops were not colour coded for use in accordance with guidance to minimise the spread of infections. There were no cleaning schedules available.

All clinical staff have had hepatitis B vaccination. There were no records to evidence the effectiveness of the vaccine for two dental nurses.

There were arrangements to disinfect dental unit waterlines. However, improvements were needed to procedures to reduce the risk of Legionella or other bacteria developing in water systems. An external Legionella risk assessment carried out in 2019 highlighted a number of issues that required action to minimise Legionella risks. These included:

- Calorifier incorrectly installed
- Hot water temperatures not satisfactory
- Some backflow from cold water pipes / infrequently used pipes / flexible braid hosing / some heavily scaled outlets.

There was no evidence that these issues had been addressed. On the day of our inspection we noted that hot and cold water temperatures were not monitored.

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

The practice had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. Improvements were needed so that relevant information was maintained in relation to temporary agency staff and visiting specialists including sedationists.

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.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available, including: Cone-beam computed tomography (CBCT).

Improvements were needed to ensure that the practice fire safety procedures were effective. We saw that fire safety equipment was regularly tested and there were fire safety notices displayed throughout the premises. There were no fire safety logs maintained. An in-house fire risk assessment was carried out in November 2021. There was no evidence that the fire risk assessment had been undertaken by a 'competent person' with the relevant expertise and there were no records to show that a safety check on the fixed electrical wiring systems had been undertaken in accordance with current regulations.

Are services safe?

Risks to patients

Staff knew how to respond to a medical emergency and had completed training in emergency resuscitation, basic life support and immediate life support every year. Improvements were needed to the arrangements for checking emergency medicines and equipment. Checks were not recorded consistently. There were gaps in records. The paediatric adhesive pads for use with the automated external defibrillator had expired in December 2020. Medicines for managing medical emergency were available as per national guidance. However, we also noted that medicines past their use by date had not been suitably disposed off and were stored along with other medicines. These included for example a medicine used to treat anaphylaxis and another medicine for treating severely low blood glucose level in an emergency. Both had expired in March 2022. The storage of expired medicines in the emergency medicines kit increases the risk of expired medicines being inadvertently used in the event of a medical emergency.

Safe and appropriate use of medicines

Improvements were needed to the systems for appropriate and safe handling of medicines. The practice dispenses antibiotic and analgesic medicines to patients. We noted that medicines were stored in an unlocked cupboard and there were no arrangements for monitoring expiry dates. There were no systems to check stock levels to minimise risk of misuse. We observed two bottles with medicines which were unlabelled which is contrary to guidance for the safe storage of medicines.

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.

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 (MCA).

Patient consent was documented within the dental care records which we reviewed.

Monitoring care and treatment

The practice generally kept detailed dental care records in line with recognised guidance. Audits were carried out as part of an ongoing process for improving the quality of recordkeeping. The most recent audits highlighted some areas for improvements and there was a detailed action plan to show how these improvements would be achieved and monitored.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice carried out radiography audits following current guidance and legislation.

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.

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 practice demonstrated a transparent and open culture in relation to people's safety. There were designated roles in relation to leadership. However, there was a lack of management oversight in relation to some aspects of the service. This meant that some systems and processes were not embedded among staff. For example;

- Procedures in relation to the safe management of medicines were not embedded or followed as part of effective management systems.
- Procedures in relation to ensuring appropriate checks on emergency medicines and equipment were not embedded and monitored.

Culture

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

Staff discussed their training needs during annual appraisals/one to one meetings/ during clinical supervision. 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

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 effective processes for managing risk. For example;

- Risk assessments were not carried out effectively as part of a robust system for assessing and managing risk in relation to Legionella and fire safety
- The findings from risk assessments that were carried out were not reviewed and acted on to manage risks effectively

Continuous improvement and innovation

The practice carried out some audits of dental care records, radiographs and infection prevention and control. Some improvements were required so that audits and reviews were acted on as part of a system for continuous improvement

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: • The arrangements for cleaning were not monitored and the cleaning equipment was not available or stored in accordance with guidelines to minimise the risk of the spread of infections • There were no records to demonstrate the effectiveness of Hepatitis vaccine for two dental nurses. • Checks in respect of emergency medicines and equipment were not carried out consistently. The paediatric adhesive pads for use with the automated external defibrillator had expired in December 2020. Two medicines which were beyond the manufacturer's expiry date had not been disposed of. • There were ineffective arrangements to mitigate the risk of Legionella or other bacterial growth in the water systems. The findings from the risk assessment carried out in 2019 had not been acted on. • There were no water safety logs maintained. There were no arrangements to monito hot and cold water temperatures. • There were ineffective systems to manage risk of fire. A comprehensive fire safety risk assessment had not been

This section is primarily information for the provider

Requirement notices

carried out. There were no fire safety logs maintained in relation to routine fire safety checks. There was no fixed electrical wiring testing in accordance with current regulations.

- There were ineffective arrangements for the safe management of medicines. There were no stock control systems to monitor medicines and minimise risk of misuse. Medicines were not stored securely. Some medicines were stored in unlabelled containers.

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:

- Procedures in relation to infection prevention and control were not monitored in accordance with current guidelines. Audits were carried out annually rather than every six months.

Regulation 17 (1)