Dr. Richard Pereira

Dr Richard Pereira - Herne Hill

Inspection report

100 Herne Hill
London
SE24 9QP
Tel: 02072743147

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Overall summary

We carried out this announced inspection on the 29 September 2021 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 provider 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 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:

Are services safe?

We found this practice was not providing safe care in accordance with the relevant regulations.

Are services effective?

We found this practice was providing effective care in accordance with the relevant regulations.

Are services well-led?

We found this practice was not providing well-led care in accordance with the relevant regulations.

Summary of findings

Background

Dr Richard Pereira - Herne Hill is in Herne Hill in the London Borough of Lambeth Southwark and provides NHS and private dental care and treatment for adults and children.

The practice is located on the ground floor of an adapted residential property. The practice has two treatment rooms. There is step-free access to the practice. Parking is available at the practice and is also located close to public transport services.

The dental team includes five dentists, one specialist in endodontics, one dental nurse, two trainee dental nurses, one dental nurse/receptionist and one receptionist. The practice has two treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

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

The practice is open:

Mondays, Wednesdays and Fridays from 9.00 am to 6.00 pm

Tuesdays and Thursdays from 8.15 am to 6.15 pm

Saturdays (alternate) from 9.00 am to 2.00 pm

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider asked staff and patients for feedback about the services they provided.
- Improvements were needed to the Information Governance Policy to take into account the General Data Protection Regulation (GDPR) requirements.
- No fire detection equipment was available at the practice. In addition no fire drills had been carried out.
- The equipment and medicines needed for dealing with medical emergencies were not available in accordance with current guidance.
- Improvements were needed to the systems to help the provider manage risks to patients and staff.
- The provider had staff recruitment procedures which reflected current legislation. However, improvements were needed to ensure important checks were carried out at the time of recruitment.
- The dental nurses carried out 'highly recommended' training as per the General Dental Council professional standards. Improvements were needed to the provider's monitoring system to enable them to assure themselves that training was up-to-date and undertaken at the required intervals by the clinicians.

We identified regulations the provider was not complying with. They must:

Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure care and treatment is provided in a safe way to patients.

Full details of the regulations 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 Faculty of General Dental Practice.
- 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 asked the following question(s).

Are services safe?	**Requirements notice** 
Are services effective?	**No action** 
Are services well-led?	**Requirements notice** 

Are services safe?

Our findings

We found this practice was not providing safe 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.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Improvements were needed to the systems and processes to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. We saw evidence that nursing staff had received safeguarding training. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC.

The provider had a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had an infection prevention and control policy and procedures. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices, (HTM 01-05), published by the Department of Health and Social Care. Staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

The staff carried out manual cleaning of dental instruments prior to them being sterilised.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory; however, a system should be introduced to ensure dental appliances are also disinfected upon their return.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment carried out on 11 January 2021. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained.

We saw effective cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The practice manager described the procedures in place in relation to COVID-19. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. These included social distancing and screening measures which had been implemented. We saw evidence that personal protective was in use and staff had been appropriately fit tested for filtering facepiece masks (FFP).

Are services safe?

The principal told us there were arrangements for fallow time (the period of time allocated to allow aerosol to settle following treatments involving the use of aerosol generating procedures [AGPs]) and cleaning the treatment room. Additional fans had been installed to aid in the filtering and circulation of air within both treatment rooms.

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

The provider carried out infection prevention and control audits. The latest audit showed the practice was meeting the required standards. Improvements were needed to ensure the audits are carried out on a six-monthly basis in accordance with HTM 01-05.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. Improvements were needed to ensure in instances where dental dam was not used, this was consistently documented in the dental care record.

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at five staff recruitment records. Improvements were needed to ensure satisfactory evidence of conduct in previous employment checks are carried out at the time of recruitment. A system also should also be introduced to provide a structured induction for newly appointed staff.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

Staff ensured facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. Improvements could be made to the monitoring system to ensure all equipment such as for example, the implant motor were maintained in accordance with manufacturers' instructions.

We saw that there were fire extinguishers available, serviced regularly and the fire exits were kept clear. A fire risk assessment was carried out by the principal dentist; however, there was no evidence any staff had undergone fire safety training. We could not be assured the fire risk assessment was sufficiently detailed to assess and mitigate all risks, or whether the person carrying out the risk assessment has the relevant skills and knowledge to do so. At the time of the inspection we also noted there was no fire detection equipment available, no emergency lighting and no fire drills were carried out.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. On the day of the inspection the Health and Safety Executive (HSE) registration certificate was not available to review. We discussed with the provider that improvements could be made to the monitoring systems to ensure the X-ray equipment was serviced and maintained in accordance with requirements and the manufacturer's instructions. We noted on the day of the inspection that rectangular collimators were not fitted to the X-ray units as detailed in the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 requirements. Since the inspection we have received confirmation that the collimators had been installed.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits following current guidance and legislation. Improvements were needed to the local rules to ensure it reflected the current guidelines.

On the day of the inspection, records were not available to demonstrate that clinical staff completed continuing professional development in respect of dental radiography.

Are services safe?

The practice had a cone beam computed tomography (CBCT) X-ray machine, installation records and safeguards were in place to keep patients and staff safe. We saw evidence that staff training had been scheduled for November 2021. The provider was aware of the ongoing quality assurance checks required, however records available showed these had not been carried out since July 2021.

Risks to patients

The provider had health and safety policies and procedures; however, improvements were needed to the practice's risk management processes. For example, the fire safety risk assessment in place did not consider all risks and there was no fire detection equipment installed.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. On the day of the inspection we saw the practice used equipment to minimise the risks of a needlestick injury to staff; however, the sharps risk assessment had not considered all possible risks.

The provider had current employer's liability insurance.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the Hepatitis B virus, and that the effectiveness of the vaccination was checked.

Records were available to demonstrate that nursing staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care.

Staff knew how to respond to a medical emergency however improvements were needed to ensure records are available to demonstrate all staff, including clinicians, complete training in emergency resuscitation and basic life support as per current guidance.

On the day of the inspection we found the medicines used to treat medical emergencies, were available as recommended, with the exception of the medicine used to treat epileptic seizures. The provider took action on the day of the inspection to ensure this was ordered and available shortly after the inspection.

We found the medicine used to treat heart attacks was not in the recommended format. Improvements were also needed to ensure all equipment used to manage medical emergencies was available and within the use-by date according to current recommendations.

A dental nurse worked with the dentists when they treated patients in line with General Dental Council Standards for the Dental Team.

On the day of the inspection, the provider had information available in relation to the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Improvements were needed to ensure the risk assessments are available for all materials and the information is organised and easily accessible.

Information to deliver safe care and treatment

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were kept securely.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. The introduction of a monitoring process was needed to enable the provider to follow up referrals made and ensure patients were seen in a timely manner.

Are services safe?

Safe and appropriate use of medicines

The clinicians were aware of current guidance with regards to prescribing medicines.

On the day of the inspection we found some out of date materials and materials in the surgeries, with a use-by date of the end of September 2021. We discussed this with the provider who was not aware these items were there. The introduction of a stock rotation system was needed to ensure materials were disposed of and were not available for use beyond their use-by date.

Systems were also required to ensure single-use items were not re-used. On the day of the inspection we noted some used, single-use composite compules were stored in the drawer in the surgery ready for re-use. We raised these issues with the practice and they immediately took steps to adequately dispose the out-of-date and used materials.

Improvements were needed to the storage and monitoring systems for NHS prescription pads to ensure they are stored and monitored as described in current guidance.

We noted that the provider did not undertake regular audits of antimicrobial prescribing.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. Staff monitored and reviewed incidents. In the previous 12 months there had been no safety incidents. Staff told us safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

The provider had a system for receiving patient and medicine safety alerts via email, however improvements were needed to ensure these were reviewed and shared with the team and acted upon if required.

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 dentist told us that they kept up to date with current evidence-based practice to delivered care and treatment in line with current legislation, standards and guidance. They undertook relevant training and professional development courses.

The practice offered dental implants. These were placed by the principal dentist who had undergone appropriate post-graduate training in the provision of dental implants. On the day of the

inspection, records were not available in relation to the implant training undertaken by the principal dentist. Since the inspection we have received confirmation of the training undertaken. We saw the provision of dental implants was in accordance with national guidance.

Improvements were needed to ensure all clinicians adhered to the National Institute for Health and Care Excellence (NICE guidelines) in relation to the administration of antibiotic prophylaxis to patients.

Staff had access to a digital scanner to enhance the delivery of care.

Helping patients to live healthier lives

Some of the dentists, where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The dentist described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records; however, improvements were needed to the written consent process, in relation to dental implants, to ensure all risks and benefits are adequately recorded.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. The policy also referred to Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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

Are services effective?

(for example, treatment is effective)

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance. On the day of the inspection we looked at a sample of eight dental care records. Improvements were needed to improve the consistency of information recorded in the clinical records to ensure all relevant information is included in accordance with the General Dental Council guidelines.

The provider had some quality assurance processes used to encourage learning and continuous improvement, such as audits of disability access and infection prevention and control. Staff kept records of the results of these audits, the resulting action plans and improvements. However, the introduction of a system for auditing of dental care records should be considered to assess and monitor that all important, patient-specific information is recorded consistently.

Effective staffing

Overall, we found staff had the skills, knowledge and experience to carry out their roles; however, improvements were needed to the monitoring systems to ensure all clinical staff carried out training as recommended by the General Dental Council professional standards.

On the day of the inspection we noted there were no arrangement 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.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. The introduction of a monitoring process was needed to enable the provider to follow up referrals made and ensure patients were seen in a timely manner.

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 the provider had the capacity, values and skills to deliver high-quality, sustainable care. However, the lack of oversight, risk management and adherence to published guidance impacted on some aspects of the day to day management of the service.

Culture

Staff stated they enjoyed and were proud to work in the practice.

We found that there were no formal arrangements in place for staff to discuss their training needs at an appraisal. The provider told us there were informal opportunities for staff to discuss learning needs and general wellbeing. We saw evidence the provider actively supported ongoing learning with the nursing staff.

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. Staff knew the management arrangements and their roles and responsibilities.

Improvements were needed to processes for managing risks to ensure they were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks in areas such as medical emergencies and fire safety.

Appropriate and accurate information

Staff acted on appropriate and accurate information.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information; however, improvements were needed to the Information Governance Policy taking into account the General Data Protection Regulation (GDPR) 2018 requirements.

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys and encouraged verbal and online comments to obtain staff and patients' views about the service.

The provider had introduced a digital messaging group for staff to aid with the communication within the practice; however, improvements could be made to sharing of information and communication with staff.

Continuous improvement and innovation

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of disability access, radiography and infection prevention and control.

On the day of the inspection records were not available to assure us all staff completed 'highly recommended' training, for example in relation to radiography as per General Dental Council professional standards.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • There was no evidence the fire safety risk assessment considered all risks associated with fire and had been carried out by a person with the relevant skills and knowledge. • No fire detection equipment was available at the practice. In addition no fire drills had been carried out. • The equipment and medicines needed for dealing with medical emergencies were not available in accordance with current guidance. • Not all clinicians adhered to the NICE guidelines in relation to the administration of antibiotic prophylaxis to patients. • There was no protocol established to disinfect the patient-specific dental appliances upon their return from the laboratory. Regulation 12 (1)

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

This section is primarily information for the provider

Requirement notices

risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- There was no evidence the equipment used to heat the water and the implant motor had been serviced.
- NHS prescription pads were not stored and monitored in accordance with guidelines.
- The ongoing quality assurance checks required for the CBCT had not been carried out since July 2021.
- There was no HSE registration certificate available and the local rules had not been updated to reflect current guidance.
- Systems were not in place to identify materials that had expired or were approaching their expiry date and ensure used single-use items were not stored for re-use.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person had maintained 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:

- There was no evidence that staff training, for example in relation to radiography and fire safety was up-to-date and undertaken at the required intervals.
- There was no induction process established for newly appointed staff.
- There were no systems in place, such as in the form of an appraisal, for staff to discuss training and development

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- There was no system to monitor patient referrals to ensure patients were seen in a timely manner.
- There was a lack of consistency in the information recorded in the dental care records.
- The Information Governance Policy did not take into account the General Data Protection Regulation (GDPR) requirements.

Regulation 17 (1)