Mr. Philip Chai Kee Wee

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## Inspection report

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## Overall summary

We carried out this announced inspection on 26 November 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 are three of the five questions that form the framework for the areas we look at during the inspection.

**Our findings were:**

**Are services safe?**

We found this practice was 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**

Mr Philip Chai Kee Wee is a family run dental practice is in the London Borough of Camden and provides NHS and private dental care and treatment for adults and children.

The practice is located on the first and second floors of a Victorian building which is accessed via a side entrance door. The practice was not suitable for those people who use wheelchairs and those with pushchairs; patients are made aware of this when they telephone to register. Paid car parking spaces are available near the practice.

The dental team includes the principal dentist and a dental nurse who also undertakes receptionist duties. The practice has two treatment rooms, however only one is viable and functional. There is a patient waiting area and a separate decontamination room.

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. They are registered to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures and diagnostic and screening procedures from one location.

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

The practice is open Monday to Friday 10am to 5pm. Outside of these hours, patients are advised to contact NHS 111 for emergency care and treatment.

**Our key findings were:**

- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- Clinical waste was disposed of suitably.
- The dental team was long-standing which meant there was continuity of care and treatment for patients.
- The practice needed redecoration, refurnishing and general refurbishment.
- The treatment room which was used to deliver care and treatment appeared visibly clean.
- Improvements were needed in relation to fire safety, referrals monitoring and prescription management.
- Not all risks to service users were appropriately assessed and managed.
- The practice had some policies and procedures to govern activities.
- Most equipment were serviced as per manufacturer's guidance.
- The practice did not have effective systems to keep dental professionals up to date with current evidence-based practice.
- Dental care records we checked were not completed as per recommended guidance.

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.

There were areas where the provider could make improvements. They should:

# Summary of findings

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Take action to ensure the dentist is aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.

# 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)**

Staff had clear systems to keep patients safe. The provider was also a member of the local safeguarding panel in the locality.

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 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. Staff completed training in modern slavery.

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.

We saw that the provider had taken steps to minimise the risk of COVID-19 transmission in line with the most recent standard operating procedures (SOP). The provider had an air filtering system in the treatment room, and we saw that patients were booked with appropriate appointment times to reduce the risk of COVID-19 transmission. The provider told us they had no need to adopt fallow (period of time designed to allow droplets to settle and be removed from the air following treatments involving the use of aerosol generating procedures (AGPs)) because they did not undertake treatment using the aerosol generating dental handpiece. Staff had been fit tested for filtering facepiece (FFP) masks and they had access to full coverage gowns as part of personal protective equipment (PPE) to minimise the risk of contracting Covid-19.

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.

We saw cleaning schedules were maintained; however, the building needed refurbishment, redecoration and modernising. The provider also held large amounts of stock which had impacted the overall tidiness of the practice.

The staff had systems in place to ensure that patient-specific dental appliances were disinfected prior to being sent to a dental laboratory and before treatment was completed.

We saw staff had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a professional risk assessment of 17 November 2021. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained; quarterly dip-slide tests carried out.

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

# Are services safe?

The dental nurse was the infection control lead and carried out infection prevention and control audits twice a year. The latest audit of 9 November 2021 showed the practice was meeting the required standards.

The provider had a whistleblowing policy which was in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.

The dentist did not routinely used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

We looked at both staff records which included evidence of registration with the General Dental Council, professional indemnity cover and training certificates.

On the day of the inspection, we saw evidence most equipment including the autoclave and compressor was serviced and maintained according to manufacturers' instructions. The exceptions were the suction unit and dental chair which were rectified following the inspection and were in good working order.

A fire risk assessment was carried out in line with the legal requirements. The provider used a portable appliance testing equipment to inspect if electrical appliances on site were safe to use and records of these were maintained. They had fire extinguishers and other firefighting equipment which were checked regularly to ensure they remained fit for purpose. We observed that the premises had combustible materials which increased the risk of fire at the practice.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. A critical examination and acceptance test including annual electro-mechanical inspection was completed on 10 November 2021 on the intra-oral X-ray equipment showed these were in good working order. We saw evidence the dentist justified, graded and reported on the radiographs they took; however, the provider did not undertake radiography audits as per current guidance and legislation. The dentist completed continuing professional development in respect of dental radiography.

**Risks to patients**

The provider had implemented some systems to assess, monitor and manage risks to patient safety, however this needed strengthening to ensure patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

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. A sharps risk assessment had been undertaken in February 2021 and was updated annually.

We saw that staff had received appropriate vaccinations, including vaccination to protect them against the hepatitis B virus, and that the effectiveness of the vaccination was checked.

The provider demonstrated good knowledge on sepsis. Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure appointments were triaged 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 and had completed training in emergency resuscitation and basic life support every year. Some emergency equipment and medicines were available as described in recognised guidance, however the oxygen held on site was in powdered form which required preparation with water when required. The efficacy of this type of oxygen was reliant on storage conditions. Following the inspection, we received evidence the practice now had an appropriate oxygen cylinder on site. Staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

# Are services safe?

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

The provider undertook detailed risk assessments of substances that were hazardous to health and kept up to date copies of their data sheets.

**Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. We looked at five dental care records with the clinician to confirm our findings and observed that individual records were not comprehensive. For example, the handwriting for most part was illegible, and records were not written to include consent, treatment options offered including their advantages and disadvantages, periodontal charting and the justification for the radiographs undertaken. At the inspection, the provider showed us a comprehensive notetaking template which they had begun to use to record clinical notes.

The provider told us they had systems for referring patients with suspected oral cancer under the national two-week wait arrangements; however this was not formalised to ensure those referred were monitored. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

**Safe and appropriate use of medicines**

The provider had systems for handling medicines, however the process for prescription management needed improving to reflect guidance.

There was a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

The practice held NHS prescriptions; however, they did not have processes in place to monitor stock levels or the movement of prescription pads. We saw that staff stored the prescription pads in a lockable drawer alongside the practice stamp and had not considered the risks associated with storing both together.

The dentist had some awareness around the current guidance with regards to prescribing medicines. Antimicrobial prescribing audits were not carried out at the practice, the provider told us this was because they only prescribed occasionally and when necessary.

**Track record on safety, and lessons learned and improvements**

The provider had implemented systems for reviewing and investigating when things went wrong. There were risk assessments in relation to safety issues. We saw record of one incident in the previous and found that the provider took appropriate steps in line with their policy.

The provider had a system for receiving and acting on safety alerts. Staff learned from external safety events as well as patient and medicine safety alerts. Staff gave examples of recent alerts and how they were acted on.

# 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 limited systems to keep clinical staff 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 in line with the Delivering Better Oral Health toolkit. The provider focused on preventative dental care by educating patients on how to minimise the risk of getting tooth decay and gum disease. We saw evidence they prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them. The dentist where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

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 and with their consent.

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.

The practice was heavily involved in various dental care projects with an increased focus on disease prevention. As part of this, the practice carried out detailed oral health assessments which identified patient's individual risks. Patients were provided with detailed self-care treatment plans which included dates for ongoing oral health reviews based upon their individual need and in line with recognised guidance.

**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 staff were aware of the need to obtain proof of legal guardianship or Power of Attorney for patients who lacked capacity or for children who are looked after. The dentist told us they gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. However, when we looked at patient care records, this was not always documented.

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 knowledgeable about the need to consider this when treating young people under 16 years of age.

**Monitoring care and treatment**

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories, however, records we reviewed were not comprehensive. The dentist assessed patients' treatment needs in line with recognised guidance.

# Are services effective?

## (for example, treatment is effective)

The provider had little quality assurance processes to encourage learning and continuous improvement; records were not routinely audited.

**Effective staffing**

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

We confirmed clinical staff completed the 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 care and treatment, however, arrangements could be improved to ensure formal processes were in place, for example, referrals.

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. The process for doing so was not formalised. All electronic referrals were completed on the provider's personal laptop and they told us they maintained records of these, however, we were not able to verify this on the day of inspection as the laptop was held offsite.

# 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 act (see full details of this action in the Requirement Notice 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**

This was a small practice consisting of two staff members. Staff members were committed to the welfare of their patients. They told us the services' overall aim was to deliver quality dental care with the focus being on prevention.

We found that although they had the capacity and skills to deliver high-quality, they had not ensured formalised systems and processes were in place to sustain service delivery.

The provider had a strategy for delivering the service which was in line with health and social priorities across the region. Staff planned the services to meet the needs of the practice population.

**Culture**

The overall ethos of the practice was one of preventative care for all patients and they had good patient retention. We saw demonstrable evidence that the staff focused on the needs of patients, for example, the provider took part in local and national projects which were beneficial to patients' oral health.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints as evidenced when we reviewed record cards for patients. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff showed a commitment to learning and improvement, for example, staff completed 'highly recommended' training as per General Dental Council professional standards.

**Governance and management**

The system and processes of lack of did not always support good governance. Based on the inspection findings on the day, we found the governance arrangements to be unclear and, in some areas, lacking which impacted the overall structure, systems and processes of the practice.

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The dental nurse was responsible for the day to day running of the service and led on infection prevention and control.

Whilst we saw that they had a system of clinical governance which included policies, procedures and protocols- those in place or lack of for managing risks, issues and performance required improvements to support good patient care.

The provider had not effectively managed and minimised risks associated with prescription management, fire safety, record keeping and quality assurance.

- The provider had some evidence of quality assurance processes; however, they had not undertaken an assessment of the service to see if it was accessible for disabled people. Furthermore, they were not auditing radiographs taken in line with current guidance.
- There was evidence to suggest the provider did not always adhere to current evidence-based guidance as it relates to record keeping and antibiotic prescribing.
- The provider had ineffective system to follow up referrals; in particular, those referred for suspected oral cancer.
- Better management was needed in relation to assessing fire risks; the provider had not risk assessed the impact of holding large amounts of combustible material on the premises.

# Are services well-led?

- The system for monitoring the movement of NHS prescriptions was ineffective.

We saw that the provider 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**

Patients were encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used. The provider told us they mainly encouraged verbal comments from patients.

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<br>Surgical procedures<br>Treatment of disease, disorder or injury | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br>**Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**<br>**Regulation 17**<br>**Good governance**<br>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.<br>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:<br>• Dental care records were not comprehensively written to include necessary information as per guidance.<br>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:<br>• Radiograph and disability access audits were not being undertaken as per current national guidance.<br>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: |

This section is primarily information for the provider

# Requirement notices

- The provider had not assessed the risk that the combustible materials posed to fire safety at the practice.
- The provider's system for monitoring referrals for example, those referred for suspected oral cancer was ineffective.

Reg 17 (1)