

Behnam Limited

Mornington Dental Surgery

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 30 March 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. Appropriate medicines and life-saving equipment were available with the exception of oropharyngeal airways.
- The practice had systems to manage risks for patients, staff, equipment and the premises.
- Safeguarding processes should be improved to ensure that arrangements included both children and vulnerable adults.

Summary of findings

- The practice had staff recruitment procedures which reflected current legislation; however, this policy was not bespoke to the practice.
- 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.
- The practice had information governance arrangements.

Background

This report is about Mornington Dental Surgery also known as MB Dental.

Mornington Dental Surgery is in the London Borough of Camden and provides NHS and private dental care and treatment for adults and children.

There is step free access to the rear of the practice for people who use wheelchairs and those with pushchairs. However, the area was pebbled which potentially made it difficult for service users to manoeuvre. 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 by ensuring the toilet was accessible and had handrails and an emergency pull cord system.

The dental team includes the principal dentist, 2 associate dentists- 1 of whom had a special interest in endodontics, 2 qualified dental nurses, 1 dental hygienist and 1 receptionist. They were supported by a visiting compliance personnel who attended the practice quarterly. The practice has 2 treatment rooms.

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

The practice is open Monday, Thursday and Friday from 9am to 5pm and Tuesday and Wednesday from 9am to 6pm.

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

- Improve the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Improve the practice's systems for assessing, monitoring, and mitigating the various risks arising from the undertaking of the regulated activities. In particular: sharps safety and lone working.

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? | No action ✓ |

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 for children and staff knew their responsibilities for safeguarding vulnerable adults and children. On the day of the inspection, the practice could not locate the safeguarding policy specific to vulnerable adults and the provider had not ensured contact details were readily available in the event that staff needed to raise or report a concern to the local authority's safeguarding team. This was rectified appropriately on the day.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment. We noted the practice was judged as low risk based on their control measures and no recommendations were made in the risk assessment completed in April 2022.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The most recent pre-acceptance audit was completed in 2021.

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; however, we saw that the most recent policy which was updated in December 2022 was not bespoke to the practice.

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 fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was broadly effective; however, improvements were needed to ensure the emergency lighting received servicing at regular intervals, and staff undertook regular in-house checks to ensure it was in good working order.

The practice had arrangements to ensure the safety of the X-ray equipment, and the required radiation protection information was available.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety.

We judged that the risks pertaining to sharps safety and lone working were not appropriately assessed. The clinicians used traditional syringes for providing local anaesthetic; however, a sharps risk assessment to identify and mitigate the risks had not been undertaken.

The dental hygienist worked without chairside support and the provider had not ensured a lone-working risk assessment was in place in the instances of a medical emergency, aggressive/threatening patients or other untoward events.

The dental hygienist provided direct access; however, patient group directives were not in place to support such practice.

Are services safe?

Emergency equipment and medicines, except oropharyngeal airways, were available and checked in accordance with national guidance. We also noted that the oxygen cylinder which was full at the time of inspection was a size 425 litres instead of the recommended 460 litres. We saw evidence the missing emergency item was ordered, and the provider told us that they would contact the company who supplied their oxygen to replace with the oxygen cylinder of the recommended size.

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 was a prescribing practice and held blank NHS prescriptions which were stored securely; however, their use was not monitored in line with guidance to mitigate the risk of improper usage.

Antimicrobial prescribing audits were carried out; however, improvements could be made to ensure the criteria of the audit were reflective of the good practice guidelines for antibiotic prescribing in dentistry.

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 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. We noted that the clinicians did not always stage and grade periodontal disease.

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 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.

On the day of inspection, we spoke with patients who said staff were compassionate and understanding when they were in pain, distress or discomfort.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

The practice had installed closed-circuit television to improve security for patients and staff in the reception area. Relevant policies and protocols were in place.

Staff password protected patients' electronic care records and backed these up to secure storage.

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 dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models, videos and X-ray images.

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, including step free access for patients with access requirements; however, the pebbled area to get to the rear door was incompatible for those in wheelchairs. 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 request to book appointments through the practice website.

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 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 other organisations such as NHS 111 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 providing well-led care in accordance with the relevant regulations.

Leadership capacity and capability

The practice provider demonstrated a transparent and open culture in relation to people's safety. They told us that they had utilised a compliance company to assist with the day to day running of the practice as the clinical staff were busy attending to patients.

There was strong team effort with emphasis on people's safety and striving to improve.

Systems and processes were embedded for the most part, and staff demonstrably worked together as a team. The provider was responsive in that they took steps to rectify gaps identified at the inspection.

The information and evidence presented during the inspection process was not always clear and well documented.

We saw the practice had 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 annual appraisals, 1 to 1 meetings and 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 broadly 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, however, they needed to ensure these were bespoke to the practice.

Although there were processes for managing some risks, issues and performance we found shortfalls in assessing and mitigating risks in relation to sharps injury and lone working.

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 gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback. We saw that the practice carried out the friends and family tests before the COVID pandemic, however, they told us this was yet to be restarted. Patients were instead sent a link to provide feedback on an external public website.

Feedback from staff was obtained through meetings, surveys, 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.

Are services well-led?

Continuous improvement and innovation

The practice had some quality assurance systems and processes, these included audits of patient care records, disability access, radiographs, antimicrobial prescribing, and infection prevention and control. We judged that improvement could be made to clinical audits to support the opportunity for learning and to improve patient care and standards. For example, by increasing the number of records included in the audit for the record keeping audit. This was because the most recent annual record keeping audit only looked at 7 record cards.