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Loughton Dental Spa

Inspection report

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Overall summary

We carried out this announced inspection on 8 October 2021 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 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 CQC specialist dental advisor.

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 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?

Summary of findings

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

Background

Loughton Dental Spa is in Essex and provides NHS and private dental care and treatment for adults and children.

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.

The practice consists of the principal dentist and two dental nurses who work on a part time basis. The clinical team are supported by a receptionist. The practice has two treatment rooms.

During the inspection we spoke with the principal dentist, two dental nurses, and the receptionist.

The practice is open between 9am to 1 pm and 2pm to 5pm Mondays to Fridays.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- There were arrangements to manage risks of COVID-19 virus in accordance with current guidelines.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available, and staff undertook training in basic life support.
- The provider had information governance arrangements.
- The provider had infection control procedures which reflected published guidance. Improvements were needed to ensure these procedures were followed and monitored appropriately.
- Improvements were needed to the systems to manage risk to patients and staff.
- There was a lack of effective leadership to support a culture of continuous improvement.

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:

- Review the security of NHS prescription pads in the practice and ensure there are systems in place to track and monitor their use.
- Review the practice's system for identifying, disposing and replenishing of out-of-date stock.

Full details of the regulation the provider was not meeting are at the end of this report.

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 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. This information was easily accessible and included contact details for the local child and adult safeguarding teams.

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.

Staff completed infection prevention and control training and received updates as required. The provider had an infection prevention and control policy and procedures. Improvements were needed so that these were followed as per 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.

Improvements were needed to the arrangements for transporting, cleaning, checking, sterilising and storing instruments to ensure they were in line with HTM 01-05. There were records which showed the equipment used by staff for cleaning and sterilising instruments was validated and serviced in line with the manufacturers' guidance. We noted that test strips to demonstrate the equipment was checked daily had not been maintained at the practice and the provider told us that these had been disposed of. Improvements were also needed to ensure that sterilised dental items were stored properly. We found a large quantity of dental instruments in packaging which had not been sealed properly to minimise the risk of contamination. Some dental items (Matrix bands) were stored in unsealed packaging. The provider told us that these were sterilised before use.

The provider had introduced procedures in relation to COVID-19 and these were being followed. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. Appropriate Personnel Protective Equipment was in use and staff had been fit tested for filtering facepiece masks (FFP).

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 risk assessment. The risk assessment was kept under review and there were arrangements to disinfect dental unit water lines and monitor hot and cold water temperatures to minimise risks.

When we inspected, we saw the practice was visibly clean.

Improvements were needed to the procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We found that clinical waste was not stored securely. Clinical waste was stored in unlocked bins in an area which was easily accessible to the public.

The provider carried out infection prevention and control audits twice a year. Improvements were needed to ensure that infection and prevention control audits were used to properly monitor the practice procedures in relation to the storage of re-usable dental items, the management of clinical waste and recording checks carried out on sterilising equipment.

The dentist used dental rubber dam in line with guidance from the British Endodontic Society when providing root canal treatment.

Are services safe?

The provider had a recruitment policy and procedure to help them employ suitable staff. These reflected the relevant legislation. We looked at staff recruitment records for three members of staff. Improvements were needed to ensure that the recruitment procedures were followed consistently. A Disclosure and Barring Service (DBS) check had not been carried out for the receptionist. No induction had been provided for both dental nurses who had recently been employed to work at the practice.

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. Tests were carried out for portable electrical equipment and there was a five-yearly test for the electrical installations at the practice.

Improvements were needed to the arrangements to assess and mitigate risks of fire within the practice. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. Fire safety equipment was tested in accordance with current fire safety regulations. However, there were no records available to demonstrate that fire safety checks including testing smoke alarms and fire evacuation drills had been carried out since 2020. The lack of safety checks had been identified in the most recent fire safety risk assessment.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Records were available to show that annual mechanical and electrical checks and three-yearly radiological tests were carried out for the dental X-ray equipment.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation. The results from the most recent audit showed that the provider has systems to monitor and improve the quality of the dental radiographs they took.

The principal dentist completed continuing professional development in respect of dental radiography.

Risks to patients

Improvements were needed to ensure the practice's health and safety policies, procedures and risk assessments were clear, reviewed regularly to help manage potential risk and accessible to staff. During the inspection staff struggled to locate policies and risk assessment documents. There were also conflicting accounts by staff and the provider in relation to some aspects of infection control procedures at the practice.

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 and was updated annually.

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.

Staff were aware of the importance of recognising early signs of sepsis in patients. 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 and had completed training in emergency resuscitation and basic life support every year. Immediate Life Support training with airway management for staff providing treatment under sedation was also completed.

Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order. Our checks confirmed that emergency medicines and equipment were available in accordance with the Resuscitation Council UK 2021 guidelines.

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

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health. Improvements were needed to ensure this information was kept under review and was easily accessible to staff in the event of accidental exposure to hazardous materials. During the inspection we observed documents in relation to hazardous materials was stored in various folders and not easily accessible. Information and risk assessments were not reviewed to ensure this information was up to date and accurate.

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 dentists 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 complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. 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

Improvements were needed so that there was a stock control system of medicines and dental materials which were held on site. We found a number of dental materials which were beyond the manufacturer's expiry date.

Improvements were needed so that NHS prescriptions were monitored and stored as described in current guidance. We found that some NHS prescriptions were stored in unlocked cupboards in the treatment rooms and there were no systems for monitoring their use to minimise the risk of misuse.

The dentist was aware of current guidance with regards to prescribing medicines.

Track record on safety, and lessons learned and improvements

The provider had a policy for investigating when things went wrong.

In the previous 12 months there had been no safety incidents.

Improvements were needed to the system for receiving and acting on patient safety information including patient and medicine safety alerts. Some patient safety information was available. However, the provider could not demonstrate that this information was received and reviewed as part of an ongoing system to improve safety at the practice.

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 clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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 dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The dentist discussed smoking, alcohol consumption and diet with patients during appointments.

The principal 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 dentist 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.

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 and staff undertook training in relation to mental capacity issues. 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.

Monitoring care and treatment

The practice kept dental care records containing information about the patients' current dental needs, past treatment and medical histories. A recent audit of dental care records had been undertaken and we saw improvements had been implemented so that these records were more detailed in relation to assessments and treatments carried out.

The dentist assessed patients' treatment needs in line with recognised guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Improvements were needed to ensure that staff had access to and followed policies and procedures.

Are services effective?

(for example, treatment is effective)

We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

The principal dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. There were arrangements to ensure that referrals were monitored so that patients received treatment in a timely way.

Are services well-led?

Our findings

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

Leadership capacity and capability

Improvements were needed in relation to the leadership arrangements within the practice. There was a lack of systems in relation to accountability, specific roles and responsibilities for the management of the service.

Culture

The principal dentist was aware of and had systems to ensure compliance with the requirements of the Duty of Candour. There were arrangements to monitor staff training and development needs as part of an annual appraisal system.

Governance and management

There was a lack of clear and effective processes for governance and managing risks.

The practice policies and procedures were not reviewed and there were limited arrangements to ensure that these were understood and followed consistently by staff. Procedures in relation to issues such as staff recruitment, waste management and the management of hazardous materials were not monitored so that they were followed consistently.

Improvements were needed to the systems for assessing and minimising risks to patients and staff. Risks in relation to infection prevention and control and fire safety were not fully assessed and acted on so as to mitigate risks.

Appropriate and accurate information

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Continuous improvement and innovation

Improvements were needed to the systems and processes for learning, continuous improvement and innovation. The practice policies, procedures, risk assessments and reviews were not used as part of a system to regularly review and improve the service.

Staff completed 'highly recommended' training as per General Dental Council professional standards. The provider supported and encouraged staff to complete continuing professional development.

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>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:</p> <ul style="list-style-type: none">• Infection prevention procedures including arrangements for storing re-usable dental instruments were not followed in accordance with the (HTM-01-05) guidance.• Procedures in relation to the management of clinical waste were not followed consistently in accordance with (HTM-01-07) guidance for the management and disposal of healthcare waste.• Staff recruitment procedures were not carried out in accordance with the practice policies and procedures.• Procedures in relation to fire safety were not followed in accordance with the practice policy or the findings from the fire safety risk assessment.• Policies and procedures were not clear or accessible to staff, monitored to ensure that they were followed• Risk assessments and audits where carried out were not consistently used as part of an ongoing system for monitoring and improving quality and safety in the practice. <p>Regulation 17 (1)</p>