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Pimlico Dental Care

Inspection Report

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Overall summary

We carried out an announced comprehensive inspection on 18 March 2016 to ask the practice the following key questions; Are services safe, effective, caring, responsive and well-led?

Our findings were:

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Are services safe?

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

Are services effective?

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

Are services caring?

We found that this practice was providing caring service in accordance with the relevant regulations.

Are services responsive?

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

Are services well-led?

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

Background

Pimlico dental care is located in the London Borough of Westminster and provides NHS and private dental services.

The practice comprises of a dentist and a nurse.

The premises consist of one treatment room, a decontamination room and a waiting area.

The principal dentist is registered with the Care Quality Commission (CQC) as an individual. Like registered providers, they are 'registered persons'. Registered persons 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 received feedback from 20 patients. The patients who provided feedback were positive about the care and treatment they received at the practice. They told us they were involved in all aspects of their care and found the staff to be friendly and helpful and they were treated with dignity and respect.

Our key findings were:

- The practice had suitable processes around reporting and discussion of incidents.
- Patients told us that staff were caring and treated them with dignity and respect.
- The appointment system met the needs of patients and waiting times were kept to a minimum.

Summary of findings

- The practice had a procedure for handling and responding to complaints, which were displayed and available to patients.
- There was equipment for staff to undertake their duties but there was limited evidence of regular maintenance of equipment such as that used for decontamination of used instruments and for radiography.
- The provider had not undertaken risk assessments to assess risks such as those arising from spread of Legionella or from radiation.
- Appropriate governance arrangements were not in place for the smooth running of the practice.
- Clinical audits were not being undertaken appropriately and were not contributing to improvements in quality of care delivery.

We identified regulations that were not being met and the provider must:

- Ensure the practice undertakes a Legionella risk assessment and implements the required actions giving due regard to guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices and The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Ensure that the practice is in compliance with its legal obligations under Ionising Radiation Regulations (IRR) 99 and Ionising Radiation (Medical Exposure) Regulations (IRMER) 2000.
- Ensure regular maintenance of equipment in line with manufacturers' instructions and relevant guidelines.
- Ensure staff are up to date with their mandatory training and their Continuing Professional Development (CPD).
- Ensure an effective system is established to assess, monitor and mitigate the various risks arising from undertaking of the regulated activities.
- Ensure systems are in place to assess, monitor and improve the quality of the service such as undertaking regular audits of various aspects of the service and ensuring that where appropriate audits have documented learning points and the resulting improvements can be demonstrated.

There were areas where the provider could make improvements and should:

- Review the practice's staff training ensuring it covers both children and adults and all staff are trained to an appropriate level for their role and aware of their responsibilities.
- Review its responsibilities as regards to the Control of Substance Hazardous to Health (COSHH) Regulations 2002 and, ensure all documentation is up to date and staff understand how to minimise risks associated with the use of and handling of these substances.
- Review availability of equipment to manage medical emergencies giving due regard to guidelines issued by the Resuscitation Council (UK), and the General Dental Council (GDC) standards for the dental team.
- Review the protocol for completing accurate, complete and detailed records relating to employment of staff.
- Review its audit protocols to document learning points that are shared with all relevant staff and ensure that the resulting improvements can be demonstrated as part of the audit process.

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?

We found that 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).

The practice had suitable processes around reporting and discussion of incidents. . In the event of an incident or accident occurring, the practice had a system in place to document, investigate and learn from it.

There were no records of maintenance of X-ray. There was no Control of Substances Hazardous to Health 2002 (COSHH) Regulations file detailing the hazardous substances used at the practice and steps put in place to mitigate any risks associated with using these substances.

Though the practice had procedures for the safe recruitment of staff which included carrying out criminal record checks and obtaining references there were improvements that could be made in regards to how the records were maintained.

Are services effective?

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

Patients were given appropriate information to support them to make decisions about the treatment they received. Patients were referred to other professionals when appropriate to do so. The practice kept records of treatments carried out. Patients were given health promotion advice appropriate to their individual oral health needs such as on smoking cessation and dietary advice.

There was evidence that the dentist carried out an assessment to establish individual needs in dental care we checked. However Improvements were required to ensure staff were up to date with their mandatory training and their Continuing Professional Development (CPD).

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

The patient feedback we received was very positive about the service provided by the practice. We observed that staff treated patients with dignity and respect. We found that dental care records were stored securely, and patient confidentiality was well maintained.

Are services responsive to people's needs?

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

Patients had access to routine and emergency appointments at the practice. There was a complaints policy. Patients were given the opportunity to give feedback through the practices own feedback forms. There were arrangements to meet the needs of people with hearing impairment and people whose first language was not English.

Are services well-led?

We found that 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).

Summary of findings

There were policies and procedures in place to monitoring various aspects of care. Improvements needed to be made in the governance arrangements and in establishing an effective management structure. Risks relating to the use of radiography equipment, Legionella and others risks were not assessed and mitigated. Clinical audits were not being undertaken in regards to infection control and radiography.

Pimlico Dental Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the practice was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We carried out an announced comprehensive inspection on 18 March 2016. The inspection was led by a CQC inspector. They were accompanied by a dental specialist advisor.

We received feedback from 20 patients. We also spoke with two members of staff. We reviewed the policies, toured the premises and examined the cleaning and decontamination of dental equipment.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had suitable processes around reporting and discussion of incidents. We saw there was a system in place for learning from incidents. Staff told us this would mainly be through informal team discussions if an incident ever occurred. Staff were able to describe the type of incidents that would be recorded and the incident logging process. There had been no incident over the past 12 months.

Staff we spoke with understood the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Staff were able to describe the type of incidents that would need to be recorded under these requirements. There had been no RIDDOR incidents over the past 12 months. Staff understood the importance of the Duty of Candour and the need to inform the appropriate bodies and patients affected of any relevant incidents [Duty of candour is a requirement under The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 on a registered person who must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity].

Reliable safety systems and processes (including safeguarding)

There was a safeguarding policy in place. The principal dentist was the safeguarding lead and staff knew who they should go to if they had a safeguarding concern. They were able to explain their understanding of safeguarding issues and information on safeguarding was provided to staff, including details of the local safeguarding team. However staff had not undertaken recent safeguarding training. The principal dentist told us they would ensure training was arranged as soon as possible.

There was no Control of Substances Hazardous to Health 2002 (COSHH) Regulations file detailing the hazardous substances used at the practice and steps put in place to mitigate any risks associated with using these substances. The principal dentist told us they would take immediate action to put a COSHH file in place.

The practice used a rubber dam for root canal treatments in line with current guidance. [A rubber dam is a thin, rectangular sheet, usually latex rubber, used in dentistry to

isolate the operative site from the rest of the mouth and protect the airway. Rubber dams should be used when endodontic treatment is being provided. On the occasions when it is not possible to use rubber dam the reasons should be recorded in the patient's dental care records giving details as to how the patient's safety was assured.]

Medical emergencies

There were arrangements in place to deal with on-site medical emergencies. The practice had a medical emergency kit which included emergency medicines and equipment in line with Resuscitation Council UK and British National Formulary (BNF) guidance. We found that all the medicines were within their expiry date. The emergency equipment included medical oxygen.

However we found the staff did not have access to an automated external defibrillator (AED), in line with Resuscitation Council UK guidance. The principal dentist advised us that arrangement had been made with the local underground station to use their defibrillator but there had been no risk assessment completed to assess these arrangements. The principal dentist told us they would arrange for a risk assessment to be undertaken of the arrangements. [An AED is a portable electronic device that analyses life threatening irregularities of the heart and delivers an electrical shock to attempt to restore a normal heart rhythm]. Staff had received basic life support training which included cardiopulmonary resuscitation (CPR) training. The training had not been refreshed since October 2014. The principal dentist said refresher training would be arranged.

Staff recruitment

The practice employed one member of staff. The member of staff had worked at the practice prior to the current provider taking over the practice. The principal dentist told us they had reviewed checks the previous provider had made on the member of staff, including CRB checks (now DBS checks) that had been undertaken, but had not recorded this information or undertaken any checks themselves. The principal dentist told us they would obtain a full employment history, proof of identification, check the authenticity of qualifications, obtain references if they employed staff but the practice did not have a written policy that stated this. The principal dentist told us they would ensure a recruitment policy was put in place.

Monitoring health & safety and responding to risks

Are services safe?

The practice did not have appropriate systems in place to deal with foreseeable emergencies. . For example, since taking over the practice the provider had not carried out risk assessments for risks associated with Legionella, radiation, fire or health and safety. The provider had kept records of assessments that had been carried out by the previous provider, including Display Screen Equipment, health and safety and fire risk assessments. We pointed this out to the principal dentist and they told us they would make arrangements for an appropriate fire risk assessment to be carried out. They told us the practice was due to be totally refurbished in the week after the inspection took place, and new risk assessment would be undertaken prior to the practice opening after the refurbishment.

Infection control

There was a clear flow from dirty to clean areas to minimise the risks of cross contamination. Staff gave a demonstration of the decontamination process which was broadly in line with guidance on decontamination and infection control issued by the Department of Health namely, Health Technical Memorandum 01-05: Decontamination in primary care dental practices. HTM 01-05 published guidance. There was a clear system of zoning, cleaning instruments suitably and; placing in the autoclave. However instruments were not pouched and then date stamped. We spoke to staff about this and they said they would ensure this happened in the future.

Daily, weekly and monthly checks were carried out on equipment used in the practice including the autoclave, to ensure they were working effectively.

We saw evidence that staff had been vaccinated against Hepatitis B (People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections). There was a contract in place for the safe disposal of clinical waste and sharps instruments. Clinical waste was stored in a safe and secure location away from the public. Clinical waste was collected monthly. There were stocks of PPE (personal protective equipment)

such as gloves and aprons. The principal dentist told us the practice had a contract in place for environmental cleaning. The surgery was clean and tidy on the day of the inspection.

We found that a Legionella risk assessment had not been carried out and dental unit water lines were not being flushed in line with current guidance. [Legionella is a bacterium found in the environment which can contaminate water systems in buildings]. The principal dentist said they would take immediate action to arrange for a Legionella risk assessment to be carried out.

Equipment and medicines

We saw that Portable appliance testing (PAT) had been completed in accordance with current guidance. (PAT is the name of a process where electrical appliances are routinely checked for safety). We also saw evidence that the autoclave had been serviced in March 2015. However, there were no records of maintenance of X-ray equipment.

The only medicines stored at the practice were those found in the medical emergency box and these were stored appropriately. However we found some prescription pads were not securely stored .Prescription pads were kept in an unlocked removable drawer kept in the reception area that was accessible to the public; the pads had not been logged appropriately. We pointed this out to the principal dentist who told us they would ensure the pads were stored securely in the future.

Radiography (X-rays)

The practice did not have a radiation protection file and there were no details of who the Radiation Protection Supervisor (RPS) or the Radiation Protection Adviser (RPA) were. The practice were not able to confirm the last time the radiographic equipment had been serviced. They were also not able to provide evidence of acceptance tests for the machine, or radiography training that staff had undertaken. The practice had not carried out a radiographic audit since the current provider took over the practice. The practice did use guidance from the Faculty of General Dental Practitioners in regards to the selection criteria for X-rays.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

Patients' needs were assessed and care and treatment was delivered in line with current legislation. This included following the National Institute for Health and Care Excellence (NICE) guidance, for example in regards to dental recalls and wisdom teeth removal. The practice showed an understanding of the Delivering Better Oral Health Tool-kit which is an evidence based toolkit used by dental teams for the prevention of dental disease in a primary and secondary care setting.

During the course of our inspection we saw evidence of assessments that were individualised. This included having details of the reason for visit, medical alerts, and a full clinical assessment with an extra- and intra-oral examination. We found an up to date medical history visit on most of the records we viewed. This information was missing on a few dental care records we checked. The principal dentist told us that this information had been taken on every visit but had not always immediately been updated onto the computer system. An assessment of the periodontal tissue was taken and recorded using the basic periodontal examination (BPE) tool. (The BPE tool is a simple and rapid screening tool used by dentists to indicate the level of treatment need in relation to a patient's gums). Information about the costs of treatment and treatment options available were also given to patients.

Health promotion & prevention

Patients' medical histories were updated regularly which included questions about smoking, diet and alcohol intake. Appropriate advice was provided by staff to patients based on their medical histories. We saw they provided preventive care advice on tooth brushing and oral health instructions as well as fluoride application and alcohol use. We saw that leaflets on oral health were available in the reception area.

Staffing

The practice did not maintain a programme of professional development to ensure that staff were up to date with the

latest practices. For example there was no evidence that staff had received training on topics such as safeguarding or radiation. We reviewed the system in place for recording training that had been attended by staff working within the practice. We saw that the practice did not have a system for highlighting training that staff needed to undertake. We also reviewed information about continuing professional development (CPD) and found a member of staff had not completed the mandatory number of hours required.

Working with other services

The practice worked with other professionals in the care of their patients where this was in the best interest of the patient. This included referrals to specialists for oral surgery. Dental care records we looked at contained details of the referrals made and information that was shared between the practice and the referring organisations. The records showed the practice worked well with other services.

Consent to care and treatment

Patients who used the service were given appropriate information and support regarding their dental care and treatment. We received feedback from 20 patients. Patients said they were given clear treatment options which were discussed in an easy to understand language by practice staff. Patients understood and consented to treatment. This was confirmed when we checked dental care records and noted evidence that dentists discussed treatment options including risks and benefits, as well as costs with patients.

Staff were aware of how they would support a patient who lacked the capacity to consent to dental treatment. They explained how they would involve the patient and carers to ensure that the best interests of the patient were met. Staff showed an understanding of the Mental Capacity Act (MCA) 2005. MCA 2005 provides a legal framework for health and care professionals to act and make decisions on behalf of adults who lack the capacity to make particular decisions for themselves). This meant where patients did not have the capacity to consent, the dentist acted in accordance with legal requirements and that vulnerable patients were treated with dignity and respect.

Are services caring?

Our findings

Respect, dignity, compassion & empathy

We received feedback from 20 patients. The feedback we received was positive. Staff were described as caring, kind and helpful. Patients said staff treated them with dignity and respect during consultations. We observed staff interaction with patients and saw that staff interacted well with patients, speaking to them in a respectful and considerate manner.

Involvement in decisions about care and treatment

The practice displayed information in the waiting area that gave details of fees. We also saw that the practice had a website that included information about dental care and treatments, and opening times.

Staff told us they always ensured patients were given clear explanations about treatment. Staff told us that treatments, costs, risks and benefits were discussed with each patient to ensure that patients understood what treatment was available so they were able to make an informed choice. The records that we checked confirmed what staff had told us.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

The practice had a system in place to schedule enough time to assess and meet patients' needs. Staff told us there was enough time to treat patients, and that patients could generally book an appointment in good time to see a dentist. Feedback from patients confirmed that patients felt they could get appointments when they needed them. There were arrangements in place for out of hours appointments. These arrangements were advertised on the practice telephone answering machine.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice was not accessible for patients with wheelchairs so staff would refer patients to other services that were accessible. The principal dentist told us they had access to a telephone translation service if this was required to support patients who could not speak English.

Access to the service

Opening hours for the practice were available on the practice website and at the entrance to the practice. The practice was open 9-6pm Monday to Thursday and 9-3pm on Fridays. There were clear instructions for patients requiring urgent dental care when the practice was closed. These instructions were on the telephone answering machine.

Concerns & complaints

The practice had arrangements in place for handling complaints and concerns. There was a complaints policy, and information for patients about how to complain. The policy had last been reviewed in 2015 and was scheduled to be reviewed in 2016. The policy included contact details of external organisations that patients could contact if they were not happy with the practice's response to a complaint. There had been no complaint in the last year.

Are services well-led?

Our findings

Governance arrangements

The practice did not have good governance arrangements in place. The practice had policies for the management of the practice including infection control and compliance. However, there was no evidence that audits had taken place. For example there were no infection control, radiation or record keeping audits. Typically infection control audits are completed every six months in order to monitor the effectiveness of infection control protocols with a view to keeping staff and patients safe. There was no COSHH Regulations (2002) file available at the time of the inspection and actions needed to minimise the risks associated with hazardous substances had not been disseminated effectively amongst staff. The provider told us they would ensure audits were completed in the future.

Leadership, openness and transparency

Staff we spoke with said they felt the owner of the practice was open and transparent. Staff told us they were comfortable about raising concerns if they had any. They felt they were listened to and responded to when they did so.

Learning and improvement

There was no system in place to monitor staff training to ensure essential training was completed each year. Staff working at the practice had not been supported to maintain their continuing professional development (CPD) as required by the General Dental Council (GDC).

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback from patients through their own surveys. The practice was taking the NHS friends and family test. We saw that the feedback from patients was very positive about the practice.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have systems to enable them to</p> <ul style="list-style-type: none">• Ensure that the equipment used by the service provider for providing care or treatment to a service user was safe for such use and used in a safe way. <p>Regulation 12 (1) (2) (e)</p>

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>How the regulation was not being met:</p> <p>The provider did not have effective systems in place to :</p> <ul style="list-style-type: none">• Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity• Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.• Ensure that their audit and governance systems remain effective. <p>Regulation 17 (1) (2) (a) (b) (f)</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

- The provider had not made sure that staff were able to meet the requirements of the relevant professional regulator throughout their employment, such as requirements for continuing professional development.

Regulation 18 (2) (c)