

Dr. Lama Brown

# The Hampton Wick Dental Centre

## Inspection report

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## Overall summary

We carried out this announced comprehensive inspection on 8 December 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:

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- 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.
- Appropriate medicines and life-saving equipment were available.

# Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. The practice manager had not undertaken the required training.
- 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.
- There was effective leadership and a culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- Improvements could be made to ensure all staff had adequate levels of training and the confidence to deal with medical emergencies.
- The practice had systems to manage risks for patients and staff. Improvements were required to ensure equipment and premises were maintained appropriately.
- The practice had staff recruitment procedures which required some improvements.

## Background

The Hampton Wick Dental Centre is in the London Borough of Richmond-upon-Thames and provides private dental care and treatment for adults and children.

There is step free access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available at the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 3 dentists, 1 trainee dental nurse, 1 dental hygienist, 1 practice manager who is also the receptionist. Conscious sedation is provided by a visiting dentist on a peripatetic basis. The practice has 3 treatment rooms.

During the inspection we spoke with the principal dentist, the trainee dental nurse, the dental hygienist, and the practice manager. We also spoke with the visiting sedationist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Monday to Friday from 8am to 5.30pm

There were areas where the provider could make improvements.

- Take action to ensure that all team members involved in the delivery of care and treatment to patients under sedation have the appropriate life support skills, taking into account the guidelines published by The Intercollegiate Advisory Committee for Sedation in Dentistry in the document 'Standards for Conscious Sedation in the Provision of Dental Care 2020'.

# Summary of findings

- Improve the practice's systems for checking and monitoring equipment taking into account relevant guidance and ensure that all equipment is well maintained.
- Improve the practice's recruitment procedures to ensure accurate, complete and detailed records are maintained for all staff.
- Ensure an effective process is established for the on-going assessment of learning and development needs, training, supervision and appraisal of staff.
- Ensure good governance and leadership are sustained in the longer term.
- Take action to ensure audits of record keeping and antimicrobial prescribing are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</b>	<b>No action</b> ✓
<b>Are services caring?</b>	<b>No action</b> ✓
<b>Are services responsive to people's needs?</b>	<b>No action</b> ✓
<b>Are services well-led?</b>	<b>No action</b> ✓

# 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 and staff knew their responsibilities for safeguarding vulnerable adults and children. On the day of inspection, we noted that the practice manager had not completed safeguarding training at a level appropriate to their role. Following the inspection, we were assured that suitable training had been arranged.

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.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We observed that there was no facility to dispose of sanitary waste within the patient and staff toilet. Following our inspection feedback, the provider approached a contractor to deliver a suitable sanitary disposal service.

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, though we noted that some improvements could be made to ensure the policy was always adhered to. On the day of inspection, evidence of employment history and satisfactory conduct in previous employment (references) were not available for 2 members of staff. All other recruitment checks had been carried out in accordance with relevant legislation and following our inspection, we were sent the missing employment histories.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover.

The practice had some systems in place to ensure that equipment was safe to use and maintained and serviced according to manufacturers' instructions. However, improvements were required to ensure the practice complied with the Pressure Systems Safety Regulations 2000. The 2 autoclaves were installed in February 2020 and March 2022 respectively. The older autoclave was last serviced in September 2021 and the newer one had not received a service. The compressor was last serviced in July 2022. There was no evidence of any Written Schemes of Examination for the autoclaves or the compressor, and the provider was unaware of the intervals for their mandatory Pressure Vessel Inspections (PVI). In mitigation, the provider could demonstrate that the autoclaves were in good working order as validation checks were carried out. Following our inspection, PVIs were carried out on all pressure vessels on 15 December 2023 and the provider obtained the Written Schemes of Examination. Improvements were also required to ensure the facilities were maintained as the air-conditioning service and Portable Appliance Testing (PAT) were overdue. Prior to our inspection, the provider had arranged for PAT to be carried out in February 2024 and following our feedback, a contract to maintain the air-conditioning system was arranged and a service booked for 10 January 2024.

A fire safety risk assessment was carried out in line with the legal requirements. The management of fire safety was effective.

The practice had arrangements to ensure the safety of the X-ray equipment and the required radiation protection information was available. This included cone-beam computed tomography (CBCT). The Radiation Protection Advisor had recommended that rectangular collimators were fitted to the intra-oral X-ray units in their reports from 2021. On the day of inspection, we noted that these were not in use. Following our feedback, the provider gave assurances that they would be fitted.

### **Risks to patients**

# Are services safe?

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sepsis awareness and lone working. However, we noted that safer sharps were not available, and the risk assessment did not detail the rationale for this or how the risks were mitigated. We also discussed the risks for the hygienist working without chairside assistance, especially when treating patients who accessed hygienist care directly, without seeing a dentist. Following the inspection, a suitable sharps risk assessment was carried out and it was agreed that the hygienist would not see direct access patients until such time when an assisting dental nurse is recruited.

Emergency equipment and medicines were available and checked in accordance with national guidance.

We were not assured that all staff knew how to respond to a medical emergency. Hands-on Basic Life Support (BLS) training had last taken place in May 2022 and the trainee dental nurse who commenced work at the practice after this date had only completed an online BLS module in the days before our inspection. Furthermore, effective Immediate life support (ILS) training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training) had not been completed by staff providing treatment to patients under sedation. We were shown evidence that the principal dentist had completed an online ILS module before our inspection. On the day of inspection, we were shown evidence that a practical BLS training session was booked for 5 January 2024 and following our inspection, arrangements were made for the principal dentist and trainee dental nurse to complete ILS on 16 January 2024. We were given written assurance that no procedures under conscious sedation would take place before the relevant staff had completed ILS training.

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 legible, kept securely and complied with General Data Protection Regulation requirements. Improvements could be made to ensure caries, periodontal disease and cancer risks were recorded. In addition, radiographic justification and patient discussions were not always annotated. Following our feedback, the provider told us they would improve the record keeping templates to ensure details were not omitted in the future.

The practice had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. Improvements were required to ensure the referrals were followed up to ensure patients received care in a timely manner. Following the inspection, the provider sent evidence that an improved system had been devised and implemented.

## **Safe and appropriate use of medicines**

The practice had systems for appropriate and safe handling of medicines. Antimicrobial prescribing audits were not carried out. The principal dentist was not aware of the current antimicrobial prescribing guidance published by the College of General Dentistry. Following the inspection, they assured us that the guidelines would be studied and followed.

## **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.

The practice offered conscious sedation for patients. The practice's systems included checks before and after treatment, emergency equipment requirements, medicines management, sedation equipment checks and staff availability. The dedicated sedationist demonstrated appropriate experience and training but improvements were required to ensure all team members involved in the delivery of conscious sedation complete Immediate life support (ILS) training (or basic life support training plus patient assessment, airway management techniques and automated external defibrillator training).

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 and involved with local schemes which supported patients to live healthier lives, for example, the practice provided sponsorship to a local school and the hygienist was involved in delivering oral hygiene and dietary advice to local schools.

### **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 patient care records that required minor improvements to ensure they were in line with recognised guidance. Record keeping audits were not carried out.

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 graded and reported on the radiographs they took. The practice carried out radiography audits six-monthly following current guidance.

### **Effective staffing**

Although staff had most skills, knowledge and experience to carry out their roles, we found that the practice did not have systems in place to ensure clinical staff had completed Continuing Professional Development (CPD) as required for their registration with the General Dental Council.

Newly appointed staff were encouraged and supervised but their induction required improvements to ensure they had enough knowledge and confidence to deal with medical emergencies.

### **Co-ordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

# Are services effective?

(for example, treatment is effective)

The dentists 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 witnessed the practice manager making positive, friendly interactions with patients and a patient with whom we spoke indicated that they were very happy with the service.

We saw feedback from patients that 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. Relevant policies and protocols were in place.

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

### **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, X-ray images and an intra-oral scanner.

# 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 the availability of a portable ramp and knee-break dental chairs for patients with access requirements. 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 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 information leaflet 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 partner organisations 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**

We found the provider had the values and skills to deliver high-quality, sustainable care although improvements were required to improve oversight at the practice. We found that all staff members worked well together. The inspection highlighted some issues and omissions such as relating to medical emergency training and the maintenance of equipment and facilities. Following our inspection feedback, the provider took swift action to address the shortcomings.

The information and evidence presented during the inspection process was 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 and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development.

Improvements were required to ensure staff training was up-to-date and reviewed at the required intervals. For example, the provider did not have oversight that all staff were up to date with recommended continuous professional development (CPD) which is a requirement of the General Dental Council. Following the inspection, we requested evidence of the clinicians' CPD and this was made available.

### **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.

Improvements were needed to ensure systems for routine premises and equipment maintenance were effective. Following the inspection, the practice manager devised an effective timetable to ensure maintenance does not become overdue again.

We saw there were clear and effective processes for managing risks, issues and performance.

### **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.

Feedback from staff was obtained through meetings 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 systems and processes for learning, quality assurance and continuous improvement. These included audits of disability access, radiographs, sedation outcomes and infection prevention and control. Staff kept records of the results of these audits and the resulting action plans and improvements.