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Campbell House Dental Practice

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 10 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 practice had staff recruitment procedures which reflected current legislation.
- 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.

Summary of findings

- 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.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children. Improvements were required to ensure policies and protocols were up-to date and accessible to all staff.
- The dental clinic appeared clean.
- The practice had infection control procedures which broadly reflected published guidance
- The practice did not have effective systems to help them manage risks. The leadership and oversight for the day-to-day management of the service needed improvements.
- Staff knew how to deal with medical emergencies. Improvements were required to ensure all equipment was available and that medicines were stored in accordance with manufacturer's instructions.
- There were ineffective systems to support continuous improvement.

Background

Campbell House Dental Practice is in Uxbridge in the London Borough of Hillingdon and provides NHS and 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, including dedicated parking for disabled people, are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 5 dentists, 3 dental nurses, 1 trainee dental nurse, 1 dental hygienist, and 2 receptionists. The practice has 2 treatment rooms.

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

The practice is open:

Monday to Friday 9am to 6pm

Saturday 9am to 1pm

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

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

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

Summary of findings

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Improve the practice's infection control procedures and protocols taking into account the guidelines issued by the Department of Health in the Health Technical Memorandum 01-05: Decontamination in primary care dental practices, and having regard to The Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.
- Improve the practice's systems for environmental cleaning taking into account current national specifications for cleanliness in the NHS.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry, and also for patient dental care records to check that necessary information is recorded.

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?	**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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. Staff we spoke with on the day of inspection had awareness of and were able to describe signs of abuse and neglect and how to report concerns. Improvements were required to ensure that safeguarding policies for vulnerable adults and children were reviewed and updated regularly, and that information about current procedures, and guidance about raising concerns about abuse were accessible to staff.

The practice had infection control procedures which broadly reflected published guidance. Improvements were required to ensure the heavy duty-gloves used during the used dental instrument decontamination process were changed at regular intervals. We observed X-ray holders were not packaged before storage in the treatment rooms. This was not in accordance with The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM 01-05) 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 procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The practice appeared clean and there was an effective schedule in place to ensure it was kept clean. However, we observed that cleaning equipment was stored inappropriately for healthcare environments. In particular, all colour-coded mops were stored downwards within the same bucket increasing the risk of cross-contamination.

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.

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 although we saw that the 5-yearly Electrical Installation Condition Report (EICR) (previously undertaken in 2017) and gas safety check (not undertaken previously) had taken place just days before the inspection. Portable Appliance Testing (PAT) had not been carried out.

The provider did not have effective fire safety management procedures. We were shown a fire risk assessment that had been completed in 2011 and we were not assured it had been carried out by a person who was competent to do so. The risk assessment was reviewed annually but the assessment had not identified several sources of ignition such as the compressor, suction units or Bunsen burners; that staff training should be carried out, and that gas and electrical checks were required. The need for emergency lighting had not been assessed and when asked to demonstrate its provision in the event of an emergency, staff were not able to locate torches in a timely manner. There was just one battery operated smoke alarm within the practice located close to a wall in the reception area and when asked to demonstrate if it was in working order, it sounded but came apart in the process. There were no records of fire drills and smoke alarm tests between 2019 and March 2023. The store cupboard was cluttered with several cardboard boxes, a source of fuel. The risk assessment had not considered the fire risks to or from the tenant who lived in part of the property. There were no instructions within the property instructing occupants how to use fire-fighting equipment or the location of the assembly point. Appropriate firefighting equipment was however available and maintained.

Are services safe?

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. This included sharps safety although improvements were required as we noted that the displayed inoculation injury protocols did not include details of local occupational health services. Improvements were required to sepsis awareness to ensure information was readily available to staff and patients within the practice. The risks where staff worked without chairside support or where the contract cleaner attended when the practice was closed (lone working,) had not been assessed.

Emergency medicines were available, however not all emergency equipment was available. The Automated External Defibrillator (AED) was located on a high shelf out of normal reach. In addition, the AED was not equipped with scissors or razor. During the inspection, the provider re-sited the AED to a location where all staff could access it in the event of an emergency.

There was no paediatric self-inflating bag and 3 sizes of oropharyngeal airways were unavailable. The Glucagon (a medicine to treat low blood sugar) was stored in a fridge that was not temperature monitored and where food items were stored. There was no eye wash kit available. The provider did not have effective monitoring systems in place to check the medical emergency medicines and equipment. Staff told us that they checked the medical emergency medicines and equipment, however, no written records were available to confirm that these checks had been undertaken.

Staff knew how to respond to a medical emergency and had completed training in hands-on emergency resuscitation and basic life support every year.

The practice did not have adequate systems to minimise the risk that could be caused from substances that were hazardous to health. Risk assessments for some substances were carried out in approximately 2003 and there was no evidence that these had been updated. For example, we saw assessments for latex gloves, bottled mercury and X-ray developer which had not been used in the practice for several years. There were no risk assessments or information as to how to deal with accidental exposure to hazardous cleaning products These practices were not in accordance with the Control of Substances Hazardous to Health (COSHH) Regulations 2002. We saw that hazardous substances were stored safely.

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. Improvements could be made to ensure all referrals were followed up to ensure patients received care in a timely manner.

Safe and appropriate use of medicines

Improvements were required to the current system for appropriate and safe handling of medicines.

We saw prescriptions were not monitored as described in current guidance to prevent fraudulent misuse. Antimicrobial prescribing audits were not carried out.

Track record on safety, and lessons learned and improvements

Are services safe?

Improvements were required to the systems for reviewing and investigating accidents and incidents. In particular we saw evidence that there had been an incident involving an abusive patient and although the details were recorded in the patient record, the provider had not considered the incident to be a significant event which could be recorded in a register for learning and improvement purposes. 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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health.

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.

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 had carried out a radiography audit just before the inspection date which included an action plan but there was no evidence that any audits were completed previously at 6-monthly intervals in line with current guidance.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. Improvements were required to complete appraisals annually so that staff training and development needs were monitored effectively.

Newly appointed staff had an 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 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. During the inspection, we observed staff were helpful, courteous and kind when dealing with patients in person and on the telephone.

The practice obtained and reviewed patient feedback.

Patients said staff were helpful, professional and kind.

Privacy and dignity

Staff were aware of the importance of privacy and confidentiality.

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 dentists explained the methods they used to help patients understand their treatment options. These included for example 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 the availability of a portable ramp to navigate the low threshold for patients with access requirements. Staff had carried out a recent 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, 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 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). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found the principal dentist had the values and skills to deliver high-quality, sustainable care. They and the practice staff demonstrated a transparent and open culture in relation to people's safety.

We noted that all staff members worked well together. Improvements were needed to improve oversight at the practice and to ensure information about systems and processes was readily available and embedded in the day to day running of the practice.

The inspection highlighted some issues and omissions such as relating to medical emergency equipment, fire safety, and the Control of Substances Hazardous to Health (COSHH).

The information and evidence presented during the inspection process was limited. In particular, we were not shown many policies, and some risk assessments were unavailable.

Culture

Staff stated they enjoyed their jobs and were proud to work in the practice.

There were no recent records to demonstrate that individual training needs during annual appraisals or one to one meetings had been discussed. We saw evidence that staff training was up-to date but much of it had been completed in the days before our inspection. Systems were required to ensure that staff training remains up-to-date in the future.

Governance and management

The practice had a management structure that required some improvements.

The practice policies and procedures were not reviewed or monitored to ensure that they reflected current guidance and legislation. We could not be assured that all necessary policies were accessible to all members of staff. In particular with regard to safeguarding.

Processes for managing risks, issues and performance were not effective.

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.

During the COVID-19 pandemic the practice had not been able to gather formal staff feedback due to the restrictions in place and practice meetings had not been reinstated following the lifting of restrictions. The provider told us he planned to implement meetings and make improvements to the service.

Continuous improvement and innovation

Are services well-led?

The practice did not have appropriate quality assurance processes to encourage learning and continuous improvement.

The practice had not undertaken regular audits of disability access, radiographs and infection prevention and control in accordance with current guidance and legislation. We saw these had been carried out in the days before the inspection but there was no evidence of any previous audits and resulting improvements. Antimicrobial prescribing and record keeping audits were not carried out.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014** **Regulation 17 Good governance** Systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. How the Regulation was not being met The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: • Risks related to fire, medical emergencies, hazardous substances, and lone working had not been suitably identified and mitigated. • The provider had no systems to monitor and track NHS prescriptions to prevent fraudulent misuse in line with guidance produced by NHS Counter Fraud Authority. • There were ineffective systems to record incidents or significant events The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular: • Audits of disability access, radiographs and infection prevention and control were not carried out at regular intervals in accordance with current guidance and legislation.

This section is primarily information for the provider

Requirement notices

- The practice policies and procedures were not reviewed or monitored effectively to ensure that they reflected current guidance and legislation.
- There were ineffective systems to monitor staff training and to ensure that staff undertook periodic training updates in accordance with relevant legislation and guidelines.

Regulation 17 (1)