Iva&Pol Ltd

Implantum Dental Practice

Inspection report

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Overall summary

We carried out this announced inspection on 3 December 2021 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 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 specialist dental adviser.

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 main framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services well-led?

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

Summary of findings

Background

Implantum Dental Practice is in Hackney in the London Borough of Tower Hamlets. The practice provides private treatments including dental implants to adult patients from a shop-front building accessed via a side entrance.

The practice is situated close to public transportation services and local amenities including supermarkets and a post office.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Paid on-street parking, including dedicated spaces for people with disabilities, are available near the practice.

The building consists of two surgeries, a separate decontamination room/storage area, reception/waiting room area and a kitchenette.

The dental team includes the practice owner, one dentist and a dental nurse.

The practice is owned by a company and as a condition of registration must have a person registered with the CQC as the registered manager. Registered managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. At the time of inspection there was no registered manager in post as required as a condition of registration; however, an application has since been submitted. A registered manager is legally responsible for the delivery of services for which the practice is registered.

During the inspection we spoke with the practice owner, the dental nurse and the visiting compliance manager who was employed on an ad-hoc self-employed basis. The dentists was not available on the day and attempts were made to contact them after the inspection; however, we were unsuccessful. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open Monday to Friday from 10am to 9pm and Saturday 10am to 6pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- Appropriate medicines and life-saving equipment were not all available on the day of inspection.
- The provider did not have effective systems to help them manage risks to patients and staff.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The provider had staff recruitment procedures which reflected current legislation.
- Staff felt involved and supported, and worked as a team.
- The provider asked patients for feedback about the services they provided.
- There was a lack of clinical oversight and clinical staff were not providing patients' care and treatment in line with current guidelines.
- Staff could not demonstrate they delivered preventive care and supported patients to ensure better oral health.
- Governance arrangements were ineffective.

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients.

Summary of findings

- 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:

- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.
- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.
- Take action to ensure dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.
- Improve and develop staff awareness of the requirements of the Mental Capacity Act 2005 and ensure all staff are aware of their responsibilities under the Act as it relates to their role.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	**Requirements notice** ✖
Are services effective?	**Requirements notice** ✖
Are services well-led?	**Requirements notice** ✖

Are services safe?

Our findings

We found 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). We will be following up on our concerns to ensure they have been put right by the provider.

The impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

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. 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, including notification to the CQC. The provider had safeguarding policies and procedures to provide staff with information. Improvements could be made to have in place a system to highlight vulnerable patients and patients who required other support such as with mobility or communication.

The provider had an infection prevention and control policy and procedures although the policy needed revising to ensure it reflected 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. We saw that staff completed infection prevention and control training.

We saw that the provider had taken steps to minimise the risk of COVID-19 transmission in line with the most recent standard operating procedures (SOP). The provider adopted fallow (period designed to allow droplets to settle and be removed from the air following treatments involving the use of aerosol generating procedures (AGPs)) following treatment using the aerosol generating dental handpieces. Staff had been fit tested for filtering facepiece (FFP) masks and they had access to full coverage gowns as part of personal protective equipment (PPE) to minimise the risk of contracting Covid-19.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. The records showed equipment used by staff for cleaning and sterilising instruments was validated, maintained and used in line with the manufacturers' guidance. The provider had suitable numbers of dental instruments available for the clinical staff and measures were in place to ensure they were decontaminated and sterilised appropriately.

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 professional risk assessment completed on 16 April 2021. All recommendations in the assessment had been actioned and records of water testing and dental unit water line management were maintained in a register held on site.

We saw cleaning schedules to ensure the practice was kept clean. When we inspected we saw the practice was visibly clean.

The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. The provider had arrangements in place which ensured clinical waste was disposed of suitably.

The dental nurse was the infection control lead and had carried out an infection prevention and control audit in the last six months. The latest audit showed the practice was meeting the essential requirement of the standards.

The provider had a whistleblowing policy and staff we spoke with on the day told us they could raise concerns without fear of recrimination.

Are services safe?

We saw no evidence the dentist used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. They were not available on the day of inspection to discuss this issue.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. These reflected the relevant legislation. We looked at three staff recruitment records. These showed the provider followed their recruitment procedure.

We observed that clinical staff were qualified and registered with the General Dental Council and had professional indemnity cover.

We saw evidence that most equipment including the autoclave and compressor was serviced and maintained according to manufacturers' instructions; the exceptions were the suction unit, dental chair and compressor.

A fire risk assessment of 18 June 2020 was carried out in line with the legal requirements. We saw there were fire extinguishers and fire detection systems throughout the building and fire exits were kept clear. In addition, portable appliance testing was completed on all electrical appliances on 7 April 2021 to ensure they were in good working condition.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. A critical examination and acceptance test including annual electro-mechanical inspection was completed on 30 November 2021 on the intra-oral X-ray equipment showed these were in good working order. We saw evidence the dentist justified, graded and reported on some radiographs they took. The provider did not undertake radiography audits as per current guidance and legislation.

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

Risks to patients

The provider did not have effective systems in place to identify, assess, monitor and manage potential risks to service users.

The provider told us they had current employer's liability insurance for all staff.

We looked at the practice's arrangements for safe dental care and treatment. We saw there was a policy and a sharps risk assessment had been undertaken. However, the provider had not ensured risks from sharps injuries were adequately assessed and that appropriate control measures were in place. For example, the dental nurse told us they frequently dismantled and disposed off the needle from the local anaesthetic delivery syringes.

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.

We saw no evidence staff had completed sepsis awareness training and none of the clinical staff we spoke with had knowledge of the recognition, diagnosis and early management of sepsis.

Staff had completed training in emergency resuscitation and basic life support every year.

Emergency equipment and medicines were not available as described in recognised guidance: For example, the provider did not have needles for drawing up adrenaline, ambu bag, clear face masks for self-inflating bags ((sizes, 0, 1, 2, 3, 4), oropharyngeal airways (sizes 0, 1) and there was no tubing for the portable suction when we inspected; following the inspection they told us all the missing items were now available. We noted that the practice stored the Glucagon Hypokit (a drug used for controlling blood sugar levels) outside of the fridge which was acceptable; however, they had not adjusted the expiration date in line with the manufacturer's guidance.

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

Are services safe?

The provider had completed risk assessments to minimise the risk that can be caused from substances that are hazardous to health. The provider had a policy in line with the Control of Substances Harmful to Health Regulations 2002 (COSHH); However, staff did not have access to safety data sheets for the hazardous substances held on site in line with regulations.

Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

We discussed with the dentist how information to deliver safe care and treatment was handled and recorded. On the day of inspection we looked at 18 dental care records which was over 5% of the records available. We found that individual dental care records were not maintained as per current national guidelines. The handwriting for most parts was illegible, and records were not written to include consent, treatment options offered including their advantages and disadvantages, periodontal charting and the justification for all radiographs undertaken. In addition, clinical judgments and evidence for decision making was not effectively documented as it failed to demonstrate rationale for treatment undertaken. We saw no evidence patients were asked about their medical or social history. The dentist was not available during the inspection and the inspection team's attempt to contact them after the inspection was unsuccessful.

Dental care records were stored securely in a fire-retardant cabinet.

We did not find evidence that the provider had suitable 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

The provider did not have systems for appropriate and safe handling of medicines.

The provider had not ensured a stock control system was in place to ensure medicines did not pass their expiry date and enough medicines were available if required. The prescribed antimicrobials were not documented as part of the dental care records or elsewhere.

The dentist was unavailable on the day; therefore, we were not able to speak to them about their awareness of current guidance with regards to prescribing medicines. No evidence was made available to us regarding audits of antimicrobial prescribing.

Track record on safety, and lessons learned and improvements

The practice owner described the system for reviewing and investigating when things went wrong.

In the previous 12 months we were told there had been no safety incidents. Staff told us that any safety incidents would be investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again; there was a policy to support this.

The provider had no system for receiving and acting on safety alerts. We saw no evidence staff learned from external safety events as well as patient and medicine safety alerts.

Are services effective?

(for example, treatment is effective)

Our findings

We found this practice was not providing effective 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.

Effective needs assessment, care and treatment

The practice had no systems to keep dental professionals up to date with current evidence-based practice. For example, the dental care records we looked at did not demonstrate individual patients were effectively assessed for care and treatment. The dentist was not available during the inspection and the inspection team's attempt to contact them after the inspection was unsuccessful.

The provider could not demonstrate they had processes in place which ensured clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

Staff had access to a Chairside Economical Restoration of Esthetic Ceramics (CEREC) to enhance the delivery of care. This method utilises a computer aided technology to create crowns for damaged teeth in one dental appointment.

Helping patients to live healthier lives

There was little evidence staff provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. There was no documentation that the dentist prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

In the dental care records we looked at, we saw no evidence of recording of the dentist's discussion with their patients of smoking, alcohol consumption and diet during appointments. Similarly, there was no evidence base charting of patients' teeth were completed and no record of the procedures they used to improve the outcomes for patients with gum disease. We found no documented evidence that they gave preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition. The dentist was not available on the day nor later when we tried to contact them.

Consent to care and treatment

From the records we checked it was unclear if staff obtained informed consent appropriately in line with legislation and guidance.

We saw no evidence the dentist gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions as these were not documented in any of the dental care records, we checked.

The practice's consent policy included information about the Mental Capacity Act 2005, however, the staff members who were available could not demonstrate they understood their responsibilities under the Act when treating adults who might not be able to make informed decisions.

Monitoring care and treatment

The practice was failing to keep detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. From records we looked at on the day, we were not assured dentists assessed patients' treatment needs in line with recognised guidance.

Are services effective?

(for example, treatment is effective)

The provider had no quality assurance processes to encourage learning and continuous improvement. Although we saw that they had an audit template for record keeping, this was incomplete; the provider told us records were not routinely audited.

Effective staffing

Staff had the qualifications; however, it was not always demonstrable that they had the skills, knowledge and experience to carry out their roles effectively.

Staff new to the practice had an induction programme. We confirmed clinical staff completed the continuing professional development required for their registration with the General Dental Council.

Co-ordinating care and treatment

The provider confirmed they referred patients to a range of specialists in primary and secondary services for treatment the practice did not provide. They did not have a process to monitor, receive responses or follow up on outgoing referrals. We were unable to review referrals as the provider told us they had not completed any in the last 12 months.

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.

At the time of inspection there was no registered manager in post as required as a condition of registration. A registered manager is legally responsible for the management of services for which the practice is registered.

Leadership capacity and capability

Based on the inspection findings on 3 December 2021, the practice team did not demonstrate they had the capacity, values and skills to deliver high-quality, sustainable care. The provider had knowledge of some issues relating to the quality of the service, for example, they were actively recruiting staff to join the team as the ongoing pandemic impacted their staffing levels.

Staff told leaders were visible and approachable and that they worked closely with them in delivering care and treatment.

Culture

The practice had a mission statement which was "to deliver the best service at an affordable price." Staff stated they felt respected, supported and valued. They were proud to work in the practice.

The provider did not have a formal process to monitor staff training and we did not see evidence staff discussed their training needs at annual appraisals or other meetings in the last two years.

The provider had a complaints policy. One of the complaints we looked at, was not fully investigated to find out what went wrong with the patient's treatment and the provider had not used this as an opportunity to learn and improve the process for handling complaints.

Staff told us they could raise concerns and that they had confidence that these would be addressed.

Governance and management

Staff roles and responsibilities were clearly laid out in their job descriptions, however, there was no clinical oversight to ensure staff carried out these effectively at all times.

The provider had overall responsibility for the management and was responsible for the day to day running of the service. The employed dentist was responsible for the clinical leadership of the practice.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff; however, we noted that some policies were not bespoke to the practice. For example, the closed-circuit television (CCTV) policy included information relating to an organisation in a non-dental sector. Other policies, for instance, safeguarding and infection prevention and control were not reflective of current guidance.

We found that the provider did not have regulatory oversight of important business functions; for example,

- The provider had CCTV cameras situated throughout the practice, including in the treatment rooms and which pointed directly to the dental chair. At the time of the inspection, they told us CCTV in the treatment rooms had been disconnected, however, they had the capabilities to be switched on and record. The policy in place to govern this activity was not fit for purpose; the balancing and necessity tests for the CCTV were unclear in identifying its purpose. The policy also referred to a different organisation throughout the 11 paged document. Furthermore, it did not include information about who would be allowed to view recordings; how the images would be used; whether copies would be made; the arrangements for secure storage and how long it would be kept.

Are services well-led?

- They had not ensured systems were in place to service equipment, specifically, the dental chair, suction and the compressor.
- There was no arrangement in place to ensure someone had clinical oversight of the clinical staff work.
- The provider did not have systems in place for receiving, managing and cascading safety alerts such as those reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) as well as those from other relevant bodies, such as Public Health England (PHE).
- There was no evidence to suggest the provider was keeping up to date with current evidence-based guidance as it relates to record keeping, consent and antibiotic prescribing
- The provider had no system to follow up referrals; in particular, those referred for suspected oral cancer.
- Dental care records were not comprehensive to include important information, such as medical history, social and dental history.
- Effective systems were not in place for identifying and mitigating risks to patients.

Engagement with patients, the public, staff and external partners

The provider used a suggestion box and encouraged verbal comments to obtain patients' views about the service. The provider showed us the graffiti designed wall inside the toilet area which was used by patient to leave positive handwritten feedback; the inspection team was unable to read as comments were written in languages other than English. The provider told us staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

Continuous improvement and innovation

The provider had no systems and processes for learning, continuous improvement and innovation.

The provider had minimal quality assurance processes to encourage learning and continuous improvement. They had not carried out audits of dental care records, radiographs and disability access.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment 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: • The provider had not ensured the Glucagon emergency medicine was stored in line with manufacturer's recommendation. • They provider had not established a stock management system for antimicrobials held on the premise to safeguard against inappropriate use or to monitor expiration dates. • The risk of sharps injury to staff was not suitably risk assessed. **Regulation 12 (1)**

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 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. 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:

This section is primarily information for the provider

Requirement notices

- The provider had not ensured the dental chair and suction unit were maintained in accordance with legislation.
- There were no COSHH risk assessments safety data sheets available for harmful products held on site.

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The provider had no processes to ensure safety alerts were received, reviewed, discussed and cascaded with team members.
- The provider had no system in place to monitor referrals to other services.
- The provider had not implemented effective system for investigating and reviewing complaints with the view to preventing further occurrences and ensuring that improvements are made as a result.
- The provider had not suitably assessed the justification for CCTV cameras in the treatment rooms.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Dental care records were not comprehensively written to include necessary information as per guidance.
- The provider was failing to record consent for care and treatment in line with legislation and guidance.

There was additional evidence of poor governance. In particular:

- The lack of oversight to ensure infection procedure and control (IPC) policy reflected published guidance.
- Staff lacked awareness of their responsibilities in relation to the duty of candour to ensure compliance with The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Lack of a suitable system to ensure on-going assessment and supervision of staff.

This section is primarily information for the provider

Requirement notices

Regulation 17 (1)