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Dental Studio 22

Inspection report

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Overall summary

We carried out this unannounced inspection on 30 November 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 always ask the following three questions:

- Is it safe?
- Is it effective?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

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

Are services effective?

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

Are services well-led?

Summary of findings

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

Background

Dental Studio 22 is in the London Borough of Westminster and provides private dental care and treatment for adults and children.

Car parking spaces, including dedicated parking for people with disabilities, are available near the practice.

The dental team includes a principal dentist, nine associate dentists, eight dental nurses, and a practice manager. The practice has four treatment rooms.

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. The registered manager at Dental Studio 22 is the principal dentist.

During the inspection we spoke with the principal dentist, two associate dentists, three dental nurses, a provider operations manager and the practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday to Friday from 9am to 7pm.

9.00am – 7.00pm

Our key findings were:

- The practice appeared to be visibly clean.
- The provider had infection control procedures which reflected published guidance. However, the process for cleaning dental instruments required improvement.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available. However, some improvements were required in regards to the checking of equipment and medicine.
- The provider had some systems to help them manage risk to patients and staff, although these were not comprehensive.
- 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. However, the recording of evidence of satisfactory conduct in previous employment within personnel files required improvement.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff provided preventive care and supported patients to ensure better oral health.
- Staff felt involved and supported and worked as a team.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had information governance arrangements.
- Some improvements were required to leadership of the practice.

Summary of findings

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/s the provider was/is not meeting are at the end of this report.

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

- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.
- 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'.
- Implement an effective system for checks of medical emergency equipment and medicines taking into account the guidelines issued by the Resuscitation Council (UK) and the General Dental Council.

Summary of findings

The five questions we ask about services and what we found

We asked the following question(s).

Are services safe?	No action	✓
Are services effective?	No action	✓
Are services well-led?	Requirements notice	✗

Are services safe?

Our findings

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

Safety systems and processes, including staff recruitment, equipment and premises and radiography (X-rays)

Staff had clear systems to keep patients safe.

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The provider had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. The policy had last been updated in October 2021. Staff knew about the signs and symptoms of abuse and neglect and how to report concerns, including notification to the CQC

The provider also had a system to identify adults that were in other vulnerable situations for example, those who were known to have experienced modern-day slavery or female genital mutilation.

The provider had an infection prevention and control policy and procedures. They followed 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. This included procedures to reduce the spread of COVID-19.

Staff had access to suitable personal protective equipment (PPE), and the waiting area had been designed appropriately to enable social distancing.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM 01-05. *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. However, the practice staff were using a wire brush to clean instruments. We spoke to the provider about this and they told us they would stop using the wire brush going forward.*

When we inspected, we saw the practice was visibly clean. We noted that one of the two decontamination rooms was cluttered. We spoke to the provider about this and they told us they would ensure the room was decluttered.

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 that the provider carried out water temperature checks. The provider told us their landlord had undertaken a legionella risk assessment, however we were not shown evidence of this. The provider had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance.

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards.

The provider had a whistleblowing policy. Staff felt confident they could raise concerns without fear of recrimination.

The dentists used dental dam in line with guidance from the British Endodontic Society when providing root canal treatment. In instances where dental dam was not used, such as for example refusal by the patient, and where other methods were used to protect the airway, we saw this was documented in the dental care record and a risk assessment completed.

The provider had a recruitment policy and procedure to help them employ suitable staff and had checks in place for agency and locum staff. This included checks on previous employment history, and criminal records. We looked at eight

Are services safe?

staff recruitment records. These showed the provider generally followed current guidance. However, there were some gaps. For example, four of the records checked did not have proof of satisfactory conduct in previous employment. We spoke with the provider about this and they told us that they had taken verbal references for the staff but had not noted the references in the staff's records. They said they would review the procedure for collecting this evidence.

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

The provider had some evidence of checks on facilities and equipment to check they were safe, for example, there was evidence that the autoclave had been serviced, there was a fire risk assessment that had been undertaken by the landlord of the building the practice was based in September 2020. However, there were improvements that were required. Portable appliance testing had not been carried out since 2012 and there was no five year electrical safety check. A general health and safety risk assessment for the dental practice had not been undertaken. When we spoke to the provider about this, they told us that some of the checks had been undertaken by the landlord where the practice was located. We did not receive any further evidence following the inspection. The provider told us they would ensure all the necessary premises and equipment checks not undertaken by their landlord were carried out.

A fire risk assessment 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.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation.

Clinical staff completed continuing professional development in respect of dental radiography.

Risks to patients

The provider had implemented systems to assess, monitor and manage risks to patient safety.

The practice's health and safety policies, procedures and risk assessments were reviewed regularly to help manage potential risk. The provider had current employer's liability insurance.

We looked at the practice's arrangements for safe dental care and treatment. The staff followed the relevant safety regulation when using needles and other sharp dental items. A sharps risk assessment had been undertaken and was updated annually.

The provider had a system in place to ensure clinical staff had received appropriate vaccinations, including vaccination to protect them against the hepatitis B virus, and that the effectiveness of the vaccination was checked.

Clinical staff we spoke to did not have the knowledge of the recognition, diagnosis and early management of sepsis.

Staff knew how to respond to a medical emergency and told us they had completed training in emergency resuscitation and basic life support.

Emergency equipment and medicines were available as described in recognised guidance. However, the oxygen in the kit had expired. We spoke to the provider about this and they immediately made arrangements to have access to the oxygen of a practice that was located on the same floor of the building the practice was located on. They told us they would purchase a new oxygen cylinder and following the inspection they sent us evidence of this. They also advised they would improve the checks undertaken of the medical emergency kit.

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

Are services safe?

The provider had risk assessments to minimise the risk that can be caused from substances that are hazardous to health.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

We discussed with the principal dentist how information to deliver safe care and treatment was handled and recorded. We looked at dental care records with clinicians to confirm our findings and observed that individual records were typed and managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely and complied with General Data Protection Regulation requirements.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. These arrangements were initiated by National Institute for Health and Care Excellence to help make sure patients were seen quickly by a specialist.

Safe and appropriate use of medicines

The provider had systems for appropriate and safe handling of medicines.

The dentists were aware of current guidance with regards to prescribing medicines.

Antimicrobial prescribing audits were carried out annually. The most recent audit indicated the dentists were following current guidelines.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. Staff told us they would monitor and review incidents.

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

The provider had a system for receiving and acting on safety alerts. 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 providing effective care in accordance with the relevant regulations.

Effective needs assessment, care and treatment

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

Helping patients to live healthier lives

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

The dentists where applicable, discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided leaflets to help patients with their oral health.

The dentists described to us the procedures they used to improve the outcomes for patients with gum disease. This involved providing patients with preventative advice, taking plaque and gum bleeding scores and recording detailed charts of the patient's gum condition.

Records showed patients with severe gum disease were recalled at more frequent intervals for review and to reinforce home care preventative advice.

Consent to care and treatment

Staff obtained consent to care and treatment in line with legislation and guidance.

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists gave patients information about treatment options and the risks and benefits of these, so they could make informed decisions. We saw this documented in patients' records. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice team understood their responsibilities under the Mental Capacity Act 2005 when treating adults who might not be able to make informed decisions. They also understood Gillick competence, by which a child under the age of 16 years of age may give consent for themselves in certain circumstances. Staff were aware of the need to consider this when treating young people under 16 years of age.

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 dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement. Staff kept records of the results of these audits, the resulting action plans and improvements.

Effective staffing

Staff generally had the skills, knowledge and experience to carry out their roles.

We saw that one of the nurses had completed the continuing professional development required for their registration with the General Dental Council (GDC). Two other members of staff confirmed that they had undertaken mandatory GDC

Are services effective?

(for example, treatment is effective)

training. However, there were no records of training undertaken by most of the staff on the day of the inspection. One of the managers of the practice told us that staff training was the responsibility of individual staff members and they did not routinely keep these records. Staff new to the practice did not have a structured induction programme. We spoke to the provider about this and they told us they would ensure a system of recording training and inducting staff was put in place.

Co-ordinating care and treatment

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

The dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide.

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 Notice 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

The provider did not demonstrate that there were effective systems for leadership and management including oversight, assessment and mitigation of risks and implementation of systems to monitor and improve the service. For example, they did not have management oversight of a number of staff who worked at the practice. We were told these staff were the responsibility of one of the dentists that worked at the practice.

Culture

Staff stated they felt respected, supported and valued. However, staff did not always sufficiently take into account the privacy needs of patients. For example, we observed nonclinical staff entering one treatment room while treatment was taken place. We were advised this was to access an office space located in the room. We spoke with the provider about this and they told us the non-clinical staff would move the office to another area outside of the treatment room.

Governance and management

We saw there were ineffective processes for managing risks, issues and performance. Risks to the health, safety and welfare of patients and staff were not assessed as part of an ongoing and robust system of governance and management. Risk assessments were either not carried out in accordance with legislation and relevant guidelines or the provider had not given us sufficient assurance that assessments were carried out. For example, we did not see evidence of a legionella risk assessment.

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

Appropriate and accurate information

Staff acted on appropriate and accurate information.

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

Engagement with patients, the public, staff and external partners

The provider used patient emails and verbal comments to obtain views from patients about the service.

Continuous improvement and innovation

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, radiographs and infection prevention and control. Staff told us that a disability access audit had been undertaken by the landlord of the building where the practice was located, but we did not see evidence of this. Staff kept records of the results of these audits and the resulting action plans and improvements.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p> <p>Regulation 17</p> <p>Good governance</p> <p>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.</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:</p> <ul style="list-style-type: none">• There was no five-year fixed electrical systems test carried out at the practice.• The provider had not undertaken portable appliance testing for electrical items within the practice.• There was no evidence that a legionella risk assessment had been undertaken.• The provider did not have a system to ensure that all staff had completed training relevant to their roles.• The provider did not have an induction process in place for staff new to the practice. <p>Regulation 17 (1)</p>