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# The Dental Surgery

## Inspection report

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### Overall summary

We carried out this announced inspection on 21 June 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 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?**

We found this practice was providing well-led care in accordance with the relevant regulations.

# Summary of findings

## Background

The Dental Surgery is in Morden in the London Borough of Merton and provides private dental care and treatment for adults and children.

There is level access to the practice for people who use wheelchairs and those with pushchairs. Car parking spaces are available near the practice.

The dental team includes a principal dentist, a dental nurse, a dental hygienist and two receptionists. The practice has three treatment rooms.

The practice is owned by an individual who is the principal dentist there. They have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run.

During the inspection we spoke with the principal dentist, the dental nurse and one of the receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: 8.30am to 5.30pm Monday to Friday

## Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
- 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.
- Improvements were required to ensure infection control procedures reflected published guidance.
- Improvements were required to the governance systems to help the provider better manage risks to patients and staff.

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

- Take action to ensure all clinicians are adequately supported by a trained member of the dental team when treating patients in a dental setting taking into account the guidance issued by the General Dental Council.

# Summary of findings

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

We asked the following question(s).

<b>Are services safe?</b>	<b>No action</b> ✓
<b>Are services effective?</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)**

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. 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 a system to highlight vulnerable patients and patients who required other support such as with mobility or communication, within dental care records.

The provider had introduced procedures in relation to COVID-19 and these were being followed. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. Appropriate PPE was in use and staff had been fit tested.

The provider had an infection prevention and control policy and procedures. They generally 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. Improvements were required with regards to following guidance for manual scrubbing of dental instruments. For example, when we observed staff cleaning used dental instruments, we noted that the instruments were lifted out of the water frequently to be scrubbed. Additionally, water temperature in the sink was not monitored when staff were undertaking manually scrubbing of the instruments.

Staff completed infection prevention and control training and received updates as required.

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.

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 risk assessment. Records of water testing and dental unit water line management were maintained.

We saw effective 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. Clinical waste was however not stored appropriately in line with guidance. It was placed in a commercial bin at the rear of the building which led to public access. The clinical waste bags placed in the bin were not labelled and the bin was not locked securely. Whilst there was a lock on it, the lid could be opened, and items removed from the bin. Shortly after the inspection the provider wrote to us confirming that they had made arrangements to ensure clinical waste was secured appropriately.

# Are services safe?

The provider carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. However, they had failed to identify the shortcomings as regards the clinical waste storage, unlabelled sharps bins, verifying checks to equipment they did not have (i.e. confirming that ultrasonic bath was working, and they did not have one).

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.

The dentist 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. These reflected the relevant legislation. We looked at four staff recruitment records. These showed the provider followed their recruitment procedures that were relevant at the time of employing staff. The recruitment records were generally up to date, although suitable records of conduct from previous employment (references) were missing from two records. The provider contacted us shortly after the inspection to confirm that the records had been updated.

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

Most equipment was maintained according to manufacturers' instructions, including electrical and gas appliances. However, the five-year fixed wire electrical installation certificate had expired in 2008. The principal dentist confirmed that this was the last certificate issued and said it had been overlooked. The practice contacted us shortly after the inspection to confirm that a fixed wire electrical installation check had been booked for the coming weeks.

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.

Improvements were required to evidence that the dentist justified, graded and reported on the radiographs they took. The provider was not carrying out radiography audits.

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

## **Risks to patients**

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. Sharps bins in the dental surgeries were not labelled and dated to ensure that these would be replaced within three months of opening, in line with current guidelines. 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.

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

# Are services safe?

Emergency equipment and medicines were available as described in recognised guidance. We found staff kept records of their checks of these to make sure they were available, within their expiry date, and in working order.

A dental nurse worked with the dentist when they treated patients in line with General Dental Council Standards for the Dental Team. Improvements could be made to ensure a risk assessment was undertaken for when the dental hygiene therapist worked without chairside support.

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 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 written or 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 dentist confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. Improvements could be made to ensure referrals were monitored suitably. The provider contacted us shortly after the inspection to confirm a relevant log had been put in place to monitor referrals.

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 dentist was aware of current guidance with regards to prescribing medicines.

## **Track record on safety, and lessons learned and improvements**

In the previous 12 months 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.

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. We saw they were shared with the team and acted upon if required.

# 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. 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.

The practice offered dental implants. These were placed by the principal dentist at the practice who had undergone appropriate training in the provision of dental implants. Some of the dental materials for implants had expired. The practice disposed them immediately in a safe manner and assured us that a process will be implemented to monitor expiry of materials.

Staff had access to an intra-oral camera to enhance the delivery of care.

### **Helping patients to live healthier lives**

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

The dentist 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.

### **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 dentist 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's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who might not be able to make informed decisions. Staff were aware of the need to consider this when treating young people under 16 years of age.

### **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 dentist assessed patients' treatment needs in line with recognised guidance.

The provider had quality assurance processes to encourage learning and continuous improvement.

### **Effective staffing**

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

Staff new to the practice had a structured 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**

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 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 providing well-led care in accordance with the relevant regulations.

### **Leadership capacity and capability**

The principal dentist was knowledgeable about issues and priorities relating to the future of the service. Staff felt the leaders were visible and approachable.

We saw the provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### **Culture**

The staff team was small, and they told us that they worked together to support and value each other. They were proud to work in the practice. We saw examples and evidence of this during their interactions with each other on the day of the inspection.

Staff discussed their training needs at one to one meetings and during clinical supervision. They also discussed learning needs, general wellbeing and aims for future professional development. We saw evidence of completed appraisals in the staff folders.

We saw the provider had systems in place to deal with staff poor performance.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

Staff told us could raise concerns and were encouraged to do so, and they had confidence that these would be addressed.

### **Governance and management**

The principal dentist had overall responsibility for the management and clinical leadership of the practice. The receptionists shared responsibility for the day to day running of the service with the principal dentist. Staff knew the management arrangements and their roles and responsibilities.

The provider had a system of clinical governance in place which included policies, protocols and procedures that were accessible to all members of staff and were reviewed on a regular basis.

Improvements were required to the governance systems to help the provider better manage risk to patients and staff.

### **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**

Staff involved patients and staff to support the service.

The provider used comments (online and written) and encouraged verbal comments to obtain staff and patients' views about the service.

The provider gathered feedback from staff through meetings, surveys, and informal discussions. Staff were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on.

### **Continuous improvement and innovation**

# Are services well-led?

The provider had quality assurance processes to encourage learning and continuous improvement. These included audits of dental care records, disability access and infection prevention and control. Generally, the results of these audits and the resulting action plans and improvements were documented.