

Du Toit and Burger Partnership (Stratford) Ltd

# Mydentist - Plaistow Road - London

## Inspection report

119 Plaistow Road  
London  
E15 3ET  
Tel:  
[www.mydentist.co.uk](http://www.mydentist.co.uk)

Date of inspection visit: 17 March 2023  
Date of publication: 15/05/2023

### Overall summary

We carried out this announced comprehensive inspection on 17 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 dental clinic appeared clean and well-maintained.
- The practice had infection control procedures which reflected published guidance.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- Improvements were needed to the practice systems to manage risks for patients, staff, equipment and the premises.

# Summary of findings

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- The practice had staff recruitment procedures which reflected current legislation. Improvements were needed so that these procedures were adequately followed and suitably monitored.
- Clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect. Staff took care to protect patients' privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.
- The appointment system worked efficiently to respond to patients' needs.
- The frequency of appointments was agreed between the dentist and the patient, giving due regard to National Institute of Health and Care Excellence (NICE) guidelines.
- There was lack of an effective oversight. Improvements were needed to the leadership in order to support an effective culture of continuous improvement.
- Staff felt involved, supported and worked as a team.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

## Background

The provider is part of a dental group with multiple locations, and this report is about MyDentist -Plaistow Road - London.

The practice is in the London Borough of Newham 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. There is limited car parking available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes 2 dentists, 2 qualified dental nurses and 1 trainee dental nurse, 1 dental hygienist, 1 practice manager and 1 receptionist. A management team supports the practice team.

The practice has 3 treatment rooms.

During the inspection we spoke with 1 dentist, 1 dental nurse and 1 dental hygienist. We also spoke with members of the management team.

We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open between 9am and 5pm Monday to Friday.

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.**

# Summary of findings

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.
- Take action to ensure the clinicians take into account the guidance provided by the College of General Dentistry when completing dental care records.
- Implement audits for prescribing of antibiotic medicines taking into account the guidance provided by the College of General Dentistry.

# Summary of findings

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

We always ask the following five questions of services.

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

# Are services safe?

## Our findings

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

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

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children.

The practice had infection control procedures which reflected published guidance.

The practice had procedures to reduce the risk of Legionella or other bacteria, developing in water systems. Improvements were needed so that these procedures were followed adequately. A risk assessment, completed in June 2022, identified a number of areas where improvements were needed. Some of these improvements had not been reviewed or acted on until shortly before our inspection visit.

Improvements were needed so that hot water temperatures were maintained so as to reduce the risk of bacterial growth in the water systems. Some records we were shown from 2022 showed that hot water temperatures were between 43-50 °C - below the recommended temperature required to reduce the risk of bacterial growth. There were no records available for the January and February 2023.

The practice had policies and 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.

The practice had a recruitment policy and procedure to help them employ suitable staff, including for agency or locum staff. Improvements were needed so that suitable evidence of conduct in previous employment was obtained for relevant staff in accordance with the practice recruitment policy and relevant legislation. Shortly before our inspection risk assessments were added to staff files in lieu of employment references.

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.

The provider had arrangements to assess and mitigate the risk of fire at the practice. Improvements were required so that the practice fire safety procedures were followed by staff. A fire risk assessment was carried out in 2022. Some areas where improvements had been identified had been incorrectly signed as acted upon. Some fire safety checks had been signed as having been completed when they had not.

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 provider had ineffective systems to assess, monitor and manage risks to patient and staff safety. The sharps risk assessment was completed shortly before our inspection visit and there were ineffective arrangements to assess and mitigate risks to staff who did not have blood tests to confirm the effectiveness of the Hepatitis B vaccine.

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

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?

The practice had risk assessments to minimise the risk that could be caused from substances that are hazardous to health. Improvements were needed so that risk assessments and product safety data was reviewed periodically as part of a robust procedure to minimise risks.

## **Information to deliver safe care and treatment**

Patient care records were 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.

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

The practice had systems for appropriate and safe handling of medicines. An antimicrobial prescribing audit was carried out in March 2023. Improvements could be made so that these audits were undertaken at regular intervals as part of a system for monitoring antibiotic prescribing.

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

The practice had systems to review and investigate incidents and accidents.

The provider had a system for receiving and sharing safety alerts and information with the practice.

Improvements were needed to the arrangements for sharing this information with the practice team. Members of staff who we spoke with were unaware of safety information received into the practice.

# 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 had arrangements to monitor patient care records. Improvements were needed so that these audits identified and addressed areas where records were not completed in line with recognised guidance. A number of records we looked at lacked detail in respect of intra oral and extra oral examinations, periodontal checks and caries risks.

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 carried out radiography audits six-monthly following current guidance.

### **Effective staffing**

The provider had arrangements for staff training and development. These included a programme of in person and online training. Improvements were required so that staff training was monitored. We saw that all staff members had completed training updates in areas such as safeguarding adults and children, medical emergencies, and infection prevention and control in March 2023, after the inspection was announced. Previous records that we checked revealed that training was not monitored to ensure staff completed training in accordance with the provider's training requirements.

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

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

The dentist we spoke with confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide. There were arrangements so that the dentists monitored referrals.

# 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.

The provider had systems to obtain feedback from patients and this was shared with the practice.

### **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 dentist explained the methods they used to help patients understand their treatment options. These included for example photographs, study models 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 access to a treatment room on the ground floor and a hearing induction loop for patients with additional needs. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients. The toilet facilities were not suitable to accommodate large, motorised wheelchairs and patients could be referred to one of the providers practices a short distance from this location.

### **Timely access to services**

The practice displayed its opening hours and provided information in a patient information leaflet and on their website information.

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 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**

The provider had systems to support a transparent and open culture in relation to people's safety. However, improvements were needed so that many aspects of the day to day management of the practice were effectively monitored.

Improvements were needed to the practice leadership. Systems and processes lacked effective monitoring and the inspection highlighted a number of issues and omissions.

Some of the information and evidence presented during the inspection process was clear and well documented. However, this information indicated a number of processes that were introduced or reviewed only after the inspection had been announced.

### **Culture**

Staff stated they felt respected, supported and valued. They were proud to work in the practice.

There were no staff appraisal records available and improvements were required to the practice arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities, roles and the provider had systems of accountability to support good governance and management. However these systems were not monitored effectively.

The provider had a governance system which included policies, protocols and procedures that were accessible to all members of staff. However, there were ineffective systems to monitor these and ensure that the practice team adequately followed these protocols.

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

### **Appropriate and accurate information**

Staff acted on appropriate and accurate information.

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

### **Engagement with patients, the public, staff and external partners**

Staff gathered feedback from patients, the public and external partners and demonstrated a commitment to acting on feedback.

Improvements were needed so that feedback from staff was obtained and relevant information was shared with the practice team. Staff meetings and annual appraisals were not carried out as part of an effective engagement process.

### **Continuous improvement and innovation**

# Are services well-led?

The provider had systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs, antimicrobial prescribing and infection prevention and control. Improvements were needed so that audits and reviews were carried out in accordance with relevant legislation and guidelines and that action plans were monitored to ensure improvement.

## 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<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 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>How the Regulation was not being met</p> <p>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:</p> <ul style="list-style-type: none"><li>• The results of risk assessments in relation to fire safety and Legionella were not reviewed and monitored to ensure that areas for improvement were acted on in a timely way to effectively mitigate risks</li><li>• There were ineffective arrangements to monitor fire safety checks to ensure that these were carried out in accordance with the provider's policies and other relevant guidance and legislation.</li><li>• There were ineffective arrangements to mitigate risks associated with the handling of dental sharps, where staff did not have evidence of effective immunity against the Hepatitis B virus</li><li>• There were ineffective arrangements to ensure that safety alerts were shared with relevant staff as part of a system to reduce risks.</li></ul> <p>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:</p> |

This section is primarily information for the provider

## Requirement notices

- There were ineffective arrangements to ensure that audits, reviews and other monitoring tools were reviewed and monitored to ensure improvements.
- There were ineffective systems and oversight to ensure that practice policies and procedures were followed consistently.
- There were ineffective systems to monitor staff training and undertake staff appraisals.

Regulation 17 (1)