

Camden High Street Practice Limited

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Inspection report

22 Camden High Street
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Tel:

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Overall summary

We carried out this announced inspection on 10 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 are three of the five questions that 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.

Summary of findings

Are services well-led?

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

Background

Camden High Street Dental Practice - a shop front building is located in the London Borough of Camden and provides NHS and private treatment to patients of all ages.

The practice is within easy reach of local bus and train services. Limited paid car parking spaces are available near the practice.

The practice has four treatment rooms. There is a patient waiting area and a separate decontamination room.

The dental team includes the principal dentist who was temporarily away from the business, five associate dentists, two dental hygienists, five dental nurses and two trainee dental nurses. The clinical team are supported by a compliance manager, two part-time practice managers, two receptionists and one administrator.

The practice is owned by a company and as a condition of registration must have a person registered with the Care Quality Commission 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 Camden High Street Practice Limited was the practice manager.

During the inspection we spoke with one associate dentist, one hygienist, one practice manager, three dental nurses, two receptionists and the compliance 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 8:45am to 6pm

Saturday from 9:45am to 3pm.

Outside of these hours, patients are directed to NHS 111 for emergency care and treatment.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- 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 felt involved and supported and worked as a team.
- The provider asked patients for feedback about the services they provided.
- Staff provided preventive care and supported patients to ensure better oral health.
- The provider had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children, however, the policy contained inaccurate information.

Summary of findings

- The provider had staff recruitment procedures which reflected current legislation, although these were not always followed when recruiting new members of staff.
- The provider had systems to help them manage most risks to service users, however, improvements were needed.
- Improvements were required to governance arrangements.

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.

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.
- Take action to ensure the dentists are aware of the guidelines issued by the British Endodontic Society for the use of rubber dam for root canal treatment.

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. There was a safeguarding policy, however, this required updating as it did not list the present safeguarding lead.

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

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 of time 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 legionella risk assessment of June 2020. All recommendations in the assessment had been actioned and 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 and stored appropriately in line with guidance. We also noted that the practice audited clinical waste as per their waste management policy and guidelines.

One of the dental nurses was the infection control lead and carried out infection prevention and control audits twice a year. At 91.1%, the latest audit showed the practice was meeting the required standards and we saw an action plan was in place for areas requiring improvement.

The practice's whistleblowing policy policies were in line with the NHS Improvement Raising Concerns.

Are services safe?

The dentists did not always use dental dam in line with guidance from the British Endodontic Society when providing root canal treatment.

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 seven staff recruitment records. However, we found the provider did not always follow their procedure. We found that the provider failed to gain satisfactory evidence of conduct in previous employments, full employment history and right to work information. Additionally, risk assessments had not been carried out to decide if a Disclosure and Barring Service (DBS) check was required for the three non-clinical members of staff. Following the inspection, we received evidence from the provider that DBS applications had been submitted to the relevant body for each staff member.

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

On the day of the inspection, we saw evidence that equipment, including the autoclave and compressor was serviced and maintained according to manufacturers' instructions.

We saw no evidence that the five-year fixed electrical testing and emergency lighting had been inspected and tested in line with legislation to check whether they were in a satisfactory condition for continued use. Following the inspection, we received evidence the provider had scheduled these checks including the portable appliance testing (PAT) of electrical appliances.

A fire risk assessment was carried out in line with the legal requirements. The practice had fire extinguishers and other firefighting equipment which were checked regularly to ensure they remained fit for purpose.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. However, the local rules (written instructions on the basic steps applied to reduce exposure to radiation) needed updating to reflect the practice's arrangement. This was also identified as an action in the most recent radiography critical examination report.

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. The most recent audit identified areas for improvement in angulation and visibility when taking intraoral radiographs.

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 with the exception of those related to the Control of Substances Hazardous to Health (COSHH).

The practice's health and safety policies, procedures and risk assessments were reviewed to help manage potential risks. 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.

Sepsis prompts for staff and patient information posters were displayed throughout the practice. This helped ensure staff made triage appointments effectively to manage patients who present with dental infection and where necessary refer patients for specialist care

Are services safe?

Staff knew how to respond to a medical emergency and had completed face to face training in emergency resuscitation and basic life support every year. 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 dentists and the dental hygienists when they treated patients in line with General Dental Council Standards for the Dental Team.

The provider had a policy for the COSHH; however, they had not ensured appropriate risk assessments were completed in line with regulations. Furthermore, staff did not have access to safety data sheets for the hazardous substances held on site.

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 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 effective 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. There was a protocol for the management of prescriptions and a stock control system of medicines which were held on site. This ensured that medicines did not pass their expiry date and enough medicines were available if required.

We saw staff stored and kept records of NHS prescriptions as described in current guidance.

The dentists were aware of current guidance with regards to prescribing medicines, however, they did not routinely audit the use of antimicrobials prescribed to identify if they were adhering to guidance.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong.

In the previous 12 months there had been no safety incidents. Staff told us had there been safety incidents, these would be investigated, documented and discussed with the rest of the dental practice team to minimise such occurrences happening again.

We saw that 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.

Helping patients to live healthier lives

The practice provided preventive care and supported patients to ensure better oral health in line with the Delivering Better Oral Health toolkit.

We saw that the clinicians prescribed high concentration fluoride products if a patient's risk of tooth decay indicated this would help them.

The clinicians 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 dentist and dental hygienist 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's consent policy needed updating to include information about the Mental Capacity Act 2005. Staff we spoke with on the day understood their responsibilities under the act when treating adults who might not be able to make informed decisions.

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

Are services effective?

(for example, treatment is effective)

Staff new to the practice had an induction programme. On the day of the inspection, we found gaps in staff training, for example, two members of the reception team had not completed training the practice considered mandatory. We were told this was because they were recently recruited and that there were plans in place to ensure training completion.

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.

The dentists confirmed they referred patients to a range of specialists in primary and secondary care for treatment the practice did not provide and processes were in place to ensure they were monitored.

Are services well-led?

Our findings

We found this practice was not providing well-led care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Requirement Notices section at the end of this report). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found the management team had the capacity to run the service; however this was not consistently demonstrated as evidenced from our findings on the day of inspection.

Management were knowledgeable about certain issues and priorities relating to the quality and future of the service. They had identified the challenges and an action plan had been developed to address them.

Staff told us the management team at all levels were visible and approachable. Staff told us they worked closely with them to make sure they prioritised inclusive leadership.

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

Culture

The practice had a written mission statement which was “dedicated in providing quality dental treatments to our patients.”

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

We did not see evidence of completed annual appraisals or other one to one discussions for staff. This was raised with management who told us there were plans to complete these in the coming year.

The staff focused on the needs of patients, for example, by ensuring they delivered individualised care and treatment.

Openness, honesty and transparency were demonstrated when responding to incidents and complaints. However, we saw examples where complaint handling could be improved to ensure it was used as learning for the whole organisation. The provider was aware of and had systems to ensure compliance with the requirements of the Duty of Candour.

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

Governance and management

At the time of our inspection, the principal dentist was temporarily away from the business; in their absence administrative matters were looked after by the compliance manager and the two practice managers. One of the senior dentists had assumed clinical leadership and oversight at the practice. 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. However, they were not reviewed on a regular basis to ensure they remained fit for purpose.

We saw they had some processes for managing risks, issues and performance, however, those pertaining to electric safety, COSHH, recruitment and training of non-clinical staff were not effectively governed to ensure they remained in line with legislation.

Appropriate and accurate information

Are services well-led?

Quality and operational information, for example, performance information from NHS Business Services Authority, surveys, audits, external body reviews was used to ensure they maintained service level agreements.

The provider had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information. We noted not all staff had received training in information governance.

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

Engagement with patients, the public, staff and external partners

Staff involved patients, the public, staff and external partners to support the service.

The provider used patient surveys and encouraged verbal comments to obtain staff and patients' views about the service. For example, we looked at the results of the internal patient feedback survey carried out between January and July 2021. The summarised results showed that 93% of respondents found the reception staff helpful; 95% of respondents felt the dentist they saw was good at explaining their treatment to them and 90% reported a positive overall experience of visiting the practice. The results demonstrated improvement when compared to the results in 2019 and 2020. The provider also told us how they responded to reviews and feedback left on publicly accessed sites to monitor and improve the service.

Patients were also encouraged to complete the NHS Friends and Family Test. This is a national programme to allow patients to provide feedback on NHS services they have used.

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
Treatment of disease, disorder or injury Surgical procedures Diagnostic and screening procedures	<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>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">• The provider had not ensured the inspection of the building electrical installation and wiring and emergency lighting in accordance with legislation.• There were no COSHH risk assessments or safety data sheets available. <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to maintain securely such records as are necessary to be kept in relation to persons employed in the carrying on of the regulated activity or activities. In particular:</p> <ul style="list-style-type: none">• Recruitment checks were not always undertaken in line with their policy or guidance for all members of staff.• Risk assessments had not been carried out to determine if Disclosure and Barring Service (DBS) check was required for three members of staff. <p>There was additional evidence of poor governance. In particular:</p> <ul style="list-style-type: none">• Some policies and procedures (including the Xray local rules) used to govern activities at the practice were not up to date and did not reflect current arrangements.• There were gaps in non-clinical staff's training.

This section is primarily information for the provider

Requirement notices

Regulation 17 (1)