Dr. Karnan Nirmalathasan

Karma Dental Care - London

Inspection report

144 Wandsworth Bridge Road
Fulham
London
SW6 2UH
Tel: 02077360876

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Overall summary

We carried out this announced inspection on 22 September 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?

Summary of findings

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

Background

Karma Dental Care Centre is in Fulham, in the London Borough of Hammersmith and Fulham and provides NHS and private dental care and treatment for adults and children.

The practice is located close to public transport links and car parking spaces are available near the practice.

The dental team includes four dentists, a hygienist, a dental nurse, two trainee dental nurses, a receptionist and a practice manager. 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.

The principal dentist and the practice manager could not be available on the day of the inspection. We carried out a video call with them and discussed practice protocols and procedures. On the day of the inspection we spoke with the dental nurse and the receptionist. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Monday and Tuesday from 9.30am to 5.30pm.

Wednesday from 9.30am to 7.30pm.

Thursday from 9.30 am to 5.00pm.

Friday from 8.30am to 5.30pm.

Saturday from 10.00am to 2.00pm.

Our key findings were:

- The practice appeared to be visibly clean and well-maintained.
- The provider had safeguarding processes in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- 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.
- The provider asked staff and patients for feedback about the services they provided.
- The provider had infection control procedures which reflected published guidance.
- Staff knew how to deal with emergencies and appropriate life-saving equipment was available.
- Improvements were needed to the systems used to help the provider manage risks to patients and staff.
- The provider had staff recruitment procedures which reflected current legislation. However, improvements were needed to ensure important checks were carried out at the time of recruitment.

Summary of findings

- The staff carried out some 'highly recommended' training as per the General Dental Council professional standards. Improvements were needed to the provider's monitoring system to enable them to assure themselves that training was up-to-date and undertaken at the required intervals.

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.
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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 Faculty of General Dental Practice.
- Implement systems for environmental cleaning taking into account the guidelines issued by the Department of Health - Health Technical Memorandum 01-05: Decontamination in primary care dental practices.

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. 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. Improvements were needed to the monitoring systems to ensure staff completed infection prevention and control training and received updates as required.

The provider had arrangements for transporting, cleaning, checking, sterilising and storing instruments. We discussed implementing a system for checking the water temperature when carrying out the decontamination of dental instruments. Furthermore, a system could be introduced to ensure instruments were kept moist, in line with HTM 01-05 guidance, if there was a delay in carrying out the decontamination.

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 carried out manual cleaning of dental instruments prior to them being sterilised.

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 carried out in October 2019. All 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; however improvements were needed to ensure the cleaning equipment was stored in line with guidelines.

The provider described the procedures in place in relation to COVID-19. Additional standard operating procedures had been implemented to protect patients and staff from Coronavirus. These included social distancing and screening measures which had been implemented. We saw evidence that personal protective was in use and staff had been appropriately fit tested for filtering facepiece masks (FFP).

The provider had policies and procedures in place to ensure clinical waste was segregated in line with guidance; however improvements were needed to the storage arrangements of the clinical waste bags to ensure all risks were considered and mitigated.

The lead nurse carried out infection prevention and control audits. The latest audit, carried out on 25 March 2021, showed the practice was meeting the required standards. Systems were in place to ensure the audits were carried out on a six-monthly basis in accordance with HTM 01-05.

Are services safe?

The provider had whistleblowing policy. Staff told us they were part of a close-knit team and felt confident they could raise concerns without fear of recrimination. They shared examples of when this had happened and the positive steps the provider took to address their concerns.

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.

We looked at seven staff records. The dental team was made up of long-standing members of staff. On the day of the inspection we found some staff recruitment records were incomplete. Disclosure and Barring Services (DBS) checks had not been carried out at the time of recruitment for all members of staff. Records were also not available for all clinical staff in relation to their vaccination against Hepatitis B and whether the efficacy of the vaccination had been checked.

Improvements were needed to ensure risks were mitigated by carrying out all relevant checks at the time of recruitment.

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

Staff had some systems in place to ensure facilities and equipment were safe. On the day of the inspection we noted the fixed-wire electrical installation testing had not been carried out; however, we saw confirmation that this had been scheduled to be carried out before we announced the inspection. Improvements were also needed to ensure all equipment, such as the equipment used to heat the water and the implant motor, were maintained according to manufacturers' instructions. Following the inspection, the provider confirmed they would arrange for the servicing of this equipment to be carried out.

We saw that there were fire extinguishers and fire detection systems throughout the building, and the fire exits were kept clear. Regular monitoring of the smoke detection equipment was also being carried out. We saw a fire risk assessment was carried out by the lead nurse; however, there was no evidence to show that any members of staff had undergone fire safety training. We could not be assured the fire risk assessment was sufficiently detailed to assess and mitigate all risks, or whether the person carrying out the risk assessment had the relevant skills and knowledge to do so.

At the time of the inspection we also noted there were no servicing records for the fire alarm and emergency lighting. Records available showed the last fire drill was carried out on the 25 September 2020 and there was no system in place to routinely test the fire alarm. The fire extinguisher on the top floor of the practice was last checked in June 2020 and had not been checked at the same time as the other fire extinguishers in June 2021. Following the inspection, the provider confirmed they had arranged for another fire risk assessment to be carried out and would use this to improve the fire safety protocols in the practice.

The practice had arrangements to ensure the safety of the X-ray equipment and we saw the required radiation protection information was available. Arrangements were in place to service the X-ray equipment; however improvements could be made to the monitoring systems to ensure this was carried out at the required intervals. On the day of the inspection, we noted a rectangular collimator (as detailed in the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 requirements) was fitted to only one of the three x-ray units.

We saw evidence the dentist justified, graded and reported on the radiographs they took. The provider carried out radiography audits every year following current guidance and legislation; however, improvements were needed to the audits carried out to ensure they appropriately monitored and improved quality in relation to dental radiography.

Clinical staff completed continuing professional development in respect of dental radiography; however on the day of the inspection records were not available for all clinical staff in relation to IR(ME)R. Checks could be introduced to ensure clinical staff carried out updated training at the required interval.

Risks to patients

Are services safe?

The provider had health and safety policies and procedures; however, improvements were needed to the practice's risk management processes. For example, the fire safety risk assessment in place did not consider all 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. On the day of the inspection there was no evidence staff had carried out training in regards to the recognition, diagnosis and early management of sepsis. We discussed the advantages of undertaking training to ensure staff were able to triage patients correctly.

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

Emergency medication and equipment was available as described in recognised guidance. Staff undertook regular checks 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. A risk assessment had been carried out on the 12 September 2021 that considered the risks of medical emergencies when the dental hygienist worked without chairside support and these risks had been mitigated.

On the day of the inspection, we saw the provider had some risk assessments and information available in relation to the Control of Substances Hazardous to Health (COSHH) Regulations 2002. Improvements were needed to ensure the information was available for all materials, organised and easily accessible in the event of an incident.

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 dentists 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 managed in a way that kept patients safe. Dental care records we saw were complete, legible, were kept securely.

The provider had systems for referring patients with suspected oral cancer under the national two-week wait arrangements. The introduction of a monitoring process was needed to enable the provider to follow up referrals made and ensure patients were seen in a timely manner.

Safe and appropriate use of medicines

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

Improvements were needed to the storage and monitoring systems for NHS prescription pads to ensure they were monitored as described in current guidance.

There was 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. Improvements were needed to the protocols when dispensing medicines to ensure the practice contact details were recorded on the medicines. We noted that the provider did not undertake regular audits of antimicrobial prescribing.

Track record on safety, and lessons learned and improvements

The provider had implemented systems for reviewing and investigating when things went wrong. Staff monitored and reviewed incidents. In the previous 12 months there had not been any safety incidents. We saw evidence that safety incidents were investigated, documented and discussed with the rest of the dental practice team to prevent such occurrences happening again.

Are services safe?

The provider had a system for receiving patient and medicine safety alerts via email and these were reviewed, 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 a visiting dentist who attended the practice. On the day of the inspection, records were not available in relation to the implant training undertaken by the visiting dentist. We saw the provision of dental implants was in accordance with national guidance.

The practice had offered conscious sedation for patients in the past. On the day of the inspection records were not available in relation to any Immediate Life Support (ILS) training for the clinical staff who participated in the provision of conscious sedation. The practice confirmed they will not be offering dental treatment using conscious sedation techniques until the staff had received appropriate training.

Records were available that demonstrated checks before and after treatment, emergency equipment requirements, medicines management and sedation equipment checks were carried out. They also included patient checks and information such as consent, monitoring during treatment, discharge and post-operative instructions.

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 where applicable, discussed smoking, alcohol consumption and diet with patients during appointments.

The dentist 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 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.

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. The policy also referred to 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

Are services effective?

(for example, treatment is effective)

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 some quality assurance processes used to encourage learning and continuous improvement, such as audits of dental care records, disability access and infection prevention and control. Staff kept records of the results of these audits, the resulting action plans and improvements. However, improvements could be made to the auditing of dental radiographs to ensure all necessary information was recorded.

Effective staffing

Overall, we found staff had the skills, knowledge and experience to carry out their roles; however, improvements were needed to the monitoring systems to ensure all clinical staff carried out training as recommended by the General Dental Council professional standards.

Staff new to the practice had a structured induction programme, however improvements were needed to the protocol to include important information such as fire safety.

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. The introduction of a monitoring process was needed to enable the provider to follow up referrals made and ensure patients were seen in a timely manner.

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.

The practice wrote to us with evidence of work that had been implemented immediately following the inspection. This information has been considered and will be reviewed when we undertake the follow up visit.

Leadership capacity and capability

We found the provider had the capacity, values and skills to deliver high-quality, sustainable care. However, the lack of oversight, risk management and adherence to published guidance impacted on some aspects of the day to day management of the service.

The principal and practice manager were visible and approachable. Staff told us they worked closely with them to make sure they prioritised compassionate and inclusive leadership.

Culture

It was evident on the day of the inspection that staff felt supported and valued and they enjoyed working in the practice.

We saw records from 2019 and 2020 that showed two members of staff discussed their training needs at an appraisal; however, there were no records available on the day of inspection to show that these had been carried out for all staff. The provider told us the staff appraisals were slightly overdue and would be carried out shortly. Staff told us they also discussed general wellbeing and aims for future in informal discussions.

Staff 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 practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had protocols in place to manage the service, however these did not always operate effectively. For example, there were gaps in important recruitment checks and the monitoring of staff training.

Improvements were needed to processes for managing risks to ensure they were effective. The practice did not have adequate systems in place for recognising, assessing and mitigating risks in areas such as fire safety.

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

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

The provider used patient surveys and encouraged verbal and online comments to obtain staff and patients' views about the service.

Are services well-led?

The provider gathered feedback from staff through meetings and informal discussions. Staff were able to offer suggestions for improvements to the service.

Continuous improvement and innovation

The provider had some quality assurance processes to encourage learning and continuous improvement. These included audits of disability access, patient care records and infection prevention and control.

The principal dentist valued the contributions made to the team by individual members of staff. This was evident from the last appraisals and discussions we had with the team.

On the day of the inspection records were not available to assure us all staff completed 'highly recommended' training, for example in relation to radiography as per General Dental Council professional standards.

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 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:** • There was no evidence the equipment used to heat the water and the implant motor had been serviced. • There was no evidence the fire safety risk assessment considered all risks associated with fire and had been carried out by a person with the relevant skills and knowledge. In addition no fire drills had been carried out since 25 September 2020. • Records were not available to demonstrate that fire detection equipment was serviced and tested regularly • The storage arrangements for the clinical waste bags meant there was a potential fire hazard that had not been considered and mitigated. • There was no rectangular collimator available in two of the surgeries. • NHS prescription pads were not stored and monitored in accordance with guidelines. **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:** • There was no system to monitor patient referrals to ensure patients were seen in a timely manner.

This section is primarily information for the provider

Requirement notices

- Improvements were needed to the audits carried out in relation to dental radiography to ensure they appropriately monitor and improve quality.

There were no systems or processes that ensured the registered person had maintained 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:

- Improvements were needed to the systems for ensuring staff recruitment records were up-to-date and contained evidence that all important checks had been carried out at the point of recruitment.

Regulation 17 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:** • Improvements were needed to the monitoring of staff training to ensure that it is up-to-date and undertaken at the required intervals. • Staff had not undertaken training in relation to fire safety and sepsis awareness. • Improvements were needed to the induction process to include important information for example relating to fire safety. • Implant training records were not available for the dentist who provided implant treatment. • No up-to-date records were available for staff involved in the provision of conscious sedation in relation to Immediate Life Support (ILS) **Regulation 18 (2)**