

## The Dental Design Studio Walthamstow

# Dental Design Studio Walthamstow

### Inspection report

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### Overall summary

We carried out this unannounced focused inspection on 27 May 2022 under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to follow up on information of concern we had received and 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 adviser.

We usually ask five key questions, however due to the ongoing COVID-19 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:

- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Staff knew how to deal with medical emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had staff recruitment procedures which reflected current legislation.
- The clinical staff provided patients' care and treatment in line with current guidelines.
- Patients were treated with dignity and respect and staff took care to protect their privacy and personal information.
- Staff provided preventive care and supported patients to ensure better oral health.

# Summary of findings

- The appointment system took account of patients' needs.
- Staff and patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The dental clinic had information governance arrangements.
- Areas of the dental clinic were visibly dusty and cluttered.
- The practice had ineffective infection control procedures and there was a lack of oversight to ensure staff followed published guidance.
- The practice had ineffective systems to help them manage risk to patients and staff.
- There was ineffective leadership to support a culture of continuous improvement.

## Background

Dental Design Studio Walthamstow is in the London Borough of Waltham Forest and provides NHS and 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. A small number of car parking spaces, including dedicated parking for disabled people, are available near the practice. The practice is situated close to public transport bus and underground train services.

The dental team includes four dentists, one dental nurse and two trainee dental nurses, three dental hygienists and two receptionists. The practice has five treatment rooms.

During the inspection we spoke with two dentists, two dental nurses and two receptionists. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open:

Mondays to Sundays between 8am and 6pm

We identified regulations the provider was not complying with. They must:

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care

## Full details of the regulations the provider was not meeting are at the end of this report.

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

- Implement an effective system for monitoring and recording the fridge temperature to ensure that medicines and dental care products are being stored in line with the manufacturer's guidance.
- Improve the practice's protocols and procedures for the use of X-ray equipment in compliance with The Ionising Radiations Regulations 2017 and Ionising Radiation (Medical Exposure) Regulations 2017 and taking into account the guidance for Dental Practitioners on the Safe Use of X-ray Equipment.
- Improve the practice's recruitment policy and procedures to ensure accurate, complete and detailed records are maintained for all staff.

# Summary of findings

- Improve the practice protocols regarding auditing patient dental care records to check that necessary information is recorded.

# 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>Enforcement action</b> 
<b>Are services effective?</b>	<b>No action</b> 
<b>Are services well-led?</b>	<b>Enforcement action</b> 

# Are services safe?

## Our findings

We found this practice was not providing safe care in accordance with the relevant regulations. We have told the provider to take action (see full details of this action in the Enforcement Actions 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 impact of our concerns, in terms of the safety of clinical care, is minor for patients using the service. Once the shortcomings have been put right the likelihood of them occurring in the future is low.

### **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. Staff undertook safeguarding training updates annually and safeguarding information was readily accessible.

The practice had infection control procedures which reflected published guidance. The practice had introduced additional procedures in relation to COVID-19 in accordance with published guidance. However, there were ineffective systems to ensure that these procedures were followed. We observed a member of the clinical team leave the practice on two occasions wearing clinical clothing. We observed the dental nurse carrying out cleaning and decontamination of dental instruments. They did not use the recommended personal protective equipment, which was available including apron, eye protection and appropriate gloves. We noted that dental instruments were not visually inspected using an illuminated magnifier following the cleaning process to check for the presence of debris. Dental instruments were not stored in accordance with relevant guidelines to reflect the date on which they had been sterilised.

There was no handwashing soap in the decontamination room or two treatment rooms.

The practice had procedures to reduce the risk of Legionella or other bacteria developing in water systems, in line with a risk assessment. There were arrangements for disinfecting dental unit water lines. However, improvements were needed to ensure that all identified areas for improvement in the risk assessment were acted on. The most recent risk assessment carried out in September 2021 identified that dead leg pipework should be removed. The principal dentist could not provide any assurance that this had been undertaken. Improvements were also needed so that hot and cold water temperatures were monitored to minimise the risk of bacterial growth.

We saw the areas of the practice including the decontamination room and some equipment were visibly dusty and cluttered due to refurbishment works that were taking place. There were ineffective cleaning schedules to ensure the practice was kept clean. Cleaning equipment was not stored in accordance with relevant guidance and we observed cleaning mops were visibly dirty and one was stored in a bucket of dirty water.

Infection prevention and control audits were not carried out every six months in accordance with guidelines.

The practice had a recruitment policy and procedure to help them employ suitable staff.

Clinical staff were qualified, registered with the General Dental Council and had professional indemnity cover. Improvements were needed so that relevant information was available for locum and temporary staff who worked at the practice.

The practice ensured equipment was safe to use and maintained and serviced according to manufacturers' instructions.

A fire risk assessment was carried out and fire safety equipment was tested and serviced in line with the legal requirements. However, improvements were needed to ensure the management of fire safety was effective. Due to refurbishment work at the practice, areas including one designated fire exit were partially obstructed. The additional risks associated with the ongoing works had not been considered.

# Are services safe?

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 needed to ensure that X-ray equipment was stored in accordance with relevant regulations. We observed there was no door to the area where the Orthopantomogram (OPG) X-ray equipment was housed.

## **Risks to patients**

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. Improvements were needed to ensure the medicine used to treat low blood sugar levels was stored in accordance with the manufacturer's instructions and that the refrigerator temperatures were monitored and recorded.

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

The practice health and safety risk assessment had not been reviewed to consider risks to patients who need to navigate areas where works were being carried out to access treatment rooms on the first floor.

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

Dental care records we saw were complete, legible, were 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. Improvements were needed so that antimicrobial prescribing audits were carried out in accordance with relevant guidelines.

# 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. Dietary advice as well as information about alcohol and tobacco consumption and oral hygiene advice was provided by the dentists and dental hygienists.

### **Consent to care and treatment**

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

Staff understood their responsibilities under the Mental Capacity Act 2005 and undertook training in relation to consent and mental capacity issues.

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 in line with recognised guidance. Improvements were needed regarding auditing patient dental care records to check that necessary information is recorded.

Staff conveyed an understanding of supporting more vulnerable members of society such as patients with dementia, and adults and children with a learning difficulty.

We saw evidence the dentists justified, graded and reported on the radiographs they took. The practice did not carry out radiography audits following current guidance and legislation.

### **Effective staffing**

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

Newly appointed staff had a structured induction and clinical staff completed 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.

# 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 Enforcement Actions 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 demonstrated a transparent and open culture in relation to people's safety.

There were clearly defined leadership arrangements. However, the practice systems and processes were not embedded, and there was a lack of managerial oversight to ensure effective management of the practice.

### **Culture**

The practice could show how they ensured high-quality, accessible services and provided a seven day service to patients.

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

Staff discussed their training needs during annual appraisals. They also discussed learning needs, general wellbeing and aims for future professional development.

The practice had arrangements to ensure staff training was up-to-date and reviewed at the required intervals.

### **Governance and management**

Staff had clear responsibilities and roles. However, there was a lack of systems for monitoring to support good governance and management.

The practice had a system of clinical governance in place which included policies, protocols and procedures. However, these were not reviewed regularly or monitored to ensure they were understood and followed by the staff team. We saw that the practice policies and procedures had not been reviewed since 2019.

We saw there were ineffective processes for managing risks, issues and performance. Risk assessments were not always acted on and kept under review to effectively manage risks.

### **Appropriate and accurate information**

The practice 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 gathered feedback from patients, the public and external partners and a demonstrated commitment to acting on feedback. Complaints were responded to promptly and used to make improvements to patient experience.

The practice 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**

The practice's quality assurance processes to encourage learning and continuous improvement were ineffective as there was a lack of monitoring and oversight to ensure that audits and risk assessments were carried out regularly and used to monitor and improve services. Audits in respect dental care records, disability access, radiographs were not available on the day of the inspection. Other audits such as the infection prevention and control audits were not carried out in accordance with relevant guidelines.



## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• Work surfaces including the areas where the autoclave is housed, and equipment in the decontamination room were visibly dirty and covered in dust.</li><li>• Cleaning equipment was not stored appropriately to minimise the risk of cross contamination. The mops and buckets were dirty, and mops were stored head down in the buckets, one of which contained dirty water.</li><li>• There were no cleaning schedules to demonstrate a process for monitoring to ensure effective cleaning in the practice.</li><li>• Clinical staff did not follow relevant guidance in relation to the wearing of personal protective equipment (PPE). One member of staff left the practice premises on two occasions dressed in clothing worn during clinical procedures and another member of staff did not wear appropriate PPE when carrying out decontaminating procedures.</li><li>• Decontamination procedures were not carried out in accordance with the HTM-01-05 guidance. Instruments were not checked using the illuminated magnified lamp for the presence of debris after manually cleaning the instruments .</li><li>• Sterilised dental instruments were pouched, but no date of sterilisation was recorded on pouches.</li><li>• Areas of the practice premises including corridors and the office cluttered with boxes, cardboard and other items. One of the fire exits was partially obstructed from the outside with items and debris removed as part of the ongoing refurbishment work.</li><li>• Risk assessments were not monitored and the findings from risk assessments were not reviewed and actions taken to address any areas identified for improvements.</li></ul>

## Enforcement actions

- The practice health and safety risk assessment had not been reviewed to consider risks to patients who need to navigate areas where works were being carried out to access treatment rooms on the first floor.

Regulation 12(1)

### Regulated activity

Diagnostic and screening procedures

Surgical procedures

Treatment of disease, disorder or injury

### Regulation

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.

How the Regulation was not being met

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- Audits in respect of infection prevention and control were not undertaken every six months in accordance with Health Technical Memorandum 01-05: decontamination in primary care dental practices.
- Infection prevention and control audits were not carried out in a way which identified areas where improvements were required and there were no action plans as part of a process for ensuring these improvements.
- Audits of dental radiographs were not carried out in accordance with relevant regulations to assess, monitor and improve quality.
- The fire safety and health and safety risk assessments had not been reviewed and potential risks had not been considered as part of an ongoing system for monitoring and managing risks

Regulation 17(1)