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Asmile Dental Clinic Golders Green

Inspection report

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Overall summary

We carried out this announced comprehensive inspection on 28 July 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.
- Appropriate medicines and life-saving equipment were available. Improvements were needed to staff's knowledge of how to deal with medical emergencies.

Summary of findings

- The practice had some systems to manage risks for patients, staff, equipment and the premises. Improvements were needed to the systems of assessing, monitoring and mitigating the risks associated with fire.
- Safeguarding processes were in place and staff knew their responsibilities for safeguarding vulnerable adults and children.
- Improvements were needed to the recruitment procedures to ensure that appropriate checks were completed prior to new staff commencing employment at the practice.
- Radiation equipment was serviced and tested in line with the relevant guidance. Improvements were needed to ensure the practice registered working with ionising radiation generators with the Health and Safety Executive (HSE).
- 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.
- Improvements were needed to ensure clinicians adopted an individual risk based approach to patient recalls taking into account the National Institute for Health and Care Excellence (NICE) guidelines.
- The practice had some systems in place to drive continuous improvement. However, there was a lack of effective leadership.
- Improvements were needed to ensure patients were asked for feedback about the services provided.
- Complaints were dealt with positively and efficiently.
- The practice had information governance arrangements.

Background

Asmile Dental Clinic Golders Green is in Golders Green in the London Borough of Barnet and provides 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. Car parking spaces are available near the practice. The practice has made reasonable adjustments to support patients with access requirements.

The dental team includes the principal dentist who was the registered manager, 1 associate dentist, 1 dental nurse and 1 trainee dental nurse. The practice has 1 treatment room.

During the inspection we spoke with the principal dentist. We looked at practice policies, procedures and other records to assess how the service is managed.

The practice is open:

Tuesday, Wednesday, Thursday from 12pm to 7pm.

Friday by appointment only.

Saturday from 10am to 6pm once a month.

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.

Summary of findings

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

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

- Take action to ensure audits of antimicrobial prescribing are undertaken at regular intervals to improve the quality of the service. The practice should also ensure that, where appropriate, audits have documented learning points and the resulting improvements can be demonstrated.
- Improve and develop staff awareness of autism and learning disabilities and ensure all staff receive appropriate training in this.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?	**No action** ✓
Are services effective?	**No action** ✓
Are services caring?	**No action** ✓
Are services responsive to people's needs?	**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)

The practice had safeguarding processes and staff knew their responsibilities for safeguarding vulnerable adults and children. We noted that 1 member of staff had not completed safeguarding training at a level appropriate to their role. After the inspection the provider told us that they would ensure all members of staff completed safeguarding training at a suitable level to their role in the future.

The practice had infection control procedures which broadly reflected published guidance. The practice had systems for the cleaning, checking, sterilising and storage of instruments in line with national guidance set out in the Department of Health publication 'Health Technical Memorandum 01-05: Decontamination in primary care dental practices' (HTM01-05). However. the practice did not have rigid, leak proof transportation containers clearly marked for each function. In addition, we noted the flooring in the decontamination room was not impervious and appeared to be stained. Following the inspection, the provider submitted evidence that they had ordered appropriate transportation boxes and they stated that the flooring in the decontamination room would be replaced.

The practice had procedures to reduce the risk of Legionella, or other bacteria, developing in water systems, in line with a risk assessment.

The practice had policies and procedures in place to ensure clinical waste was segregated and stored appropriately in line with guidance. We noted that expired medical emergency drugs were disposed of as clinical waste. We discussed the risks around this with the dentist and they assured us that moving forward they would dispose of expired medical emergency drugs at the local pharmacy.

The practice appeared clean and there was an effective cleaning schedule in place to ensure it was kept clean. The practice did not have colour coded buckets and mops to reduce cross contamination between the clinical area and the office/reception area. Following the inspection the practice submitted evidence that the use of colour coded mops to prevent cross contamination had been implemented.

The practice had a recruitment policy and procedure to help them employ suitable staff. This was dated 2014 and did not reflect the relevant legislation. We looked at 4 staff recruitment records. We noted that these did not include proof of identity with a recent photograph and evidence of checks of conduct in previous employment. One member of staff did not have evidence of antibody blood tests to indicate their immunity to Hepatitis B.

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. Improvements could be made to ensure the air conditioning system was serviced in line with the manufacturer`s guidance and evidence of servicing was available for those who needed to review them.

The management of fire safety was ineffective. A fire risk assessment arranged by the landlord of the building and undertaken by an external company in 2016 was made available for review. There was no evidence that all recommendations made in the fire risk assessment had been acted upon or that the fire risk assessment had been regularly reviewed by a competent person. Another fire risk assessment completed in September 2017 and reviewed annually was also made available to us. We noted that this had not been completed and reviewed by a competent person and it did not include emergency routes and exits, fire detection and warning systems, the needs of vulnerable people and staff fire safety training requirements.

Are services safe?

The registered manager told us that regular servicing of the fire detection equipment, including the fire alarm system and the emergency lighting had been overseen by the landlord, however the relevant servicing documents were not available. We were not assured that the provider had systems in place to satisfy themselves that the fire detection equipment was operational, serviced and tested in line with the manufacturer`s guidance.

We also noted that the front fire exit was not signposted, and the rear fire exit led to a locked gate. In addition, there was no evidence that fire drills were carried out.

The fire evacuation plan was not reflective of the arrangements within the service; it referred to the head receptionist, which the practice did not have.

Following the inspection, the provider submitted evidence that they had arranged a fire risk assessment to be carried out on 3 August 2023.

We saw evidence that the X-ray equipment received regular servicing and testing in line with the relevant regulations. Improvements were needed to ensure the provider registered the use of ionising radiation generating equipment with the Health and Safety Executive (HSE) and that the local rules were regularly updated and were relevant to the arrangements within the service.

Risks to patients

The practice had implemented some systems to assess, monitor and manage risks to patient and staff safety. This included sharps safety and sepsis awareness. Improvements were needed to ensure the provider assessed the risks associated with lone working.

Emergency equipment and medicines were available and checked in accordance with national guidance. On the day of inspection, we noted that the practice did not have child self-inflating bag with reservoir, sizes 0,1,2,3 clear face masks for the self-inflating bag, bodily fluid spillage kit or eye wash. Following the inspection, we received evidence that the practice took immediate action and they had obtained the missing medical emergency equipment items.

Staff did not know how to respond to medical emergency, and we were not assured that the online training they had completed in emergency resuscitation and basic life support was effective. When asked, staff did not know which mask to use with the self-inflating bag or how to use the medical emergency equipment to support the breathing of an unconscious patient.

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

Information to deliver safe care and treatment

Patient care records were complete, 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 in place for the safe handling of medicines. Antimicrobial prescribing audits were however not carried out.

Track record on safety, and lessons learned and improvements

The practice had systems to review and investigate incidents and accidents. The practice had a system for receiving and acting on safety alerts.

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 kept detailed patient care records in line with recognised guidance.

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 a rolling audit of radiography.

Effective staffing

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

We saw evidence that the most recently appointed member of staff had a structured induction, however there was no evidence that other members of staff received induction to prepare them for their new role.

Clinical staff completed some continuing professional training, however not all of them were up to date with their infection control, basic life support and resuscitation, autism and learning disability awareness, mental capacity and fire awareness training.

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.

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.

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 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, videos 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 step free access and an enabled toilet for patients with access requirements. Staff had carried out a disability access audit and had formulated an action plan to continually improve access for patients.

Timely access to services

The practice displayed its opening hours and provided information on their website.

Patients could access care and treatment from the practice within an acceptable timescale for their needs. Patients had enough time during their appointment and did not feel rushed.

Improvements were needed to ensure the frequency of appointments was agreed between the dentist and the patient, giving due regard to NICE guidelines. When asked about the recall system in place, the principal dentist told us that they did not do recalls 'unless the patient wanted to be notified'. They added that their patient group did not 'like to attend regularly' and only attended the practice 'when they had a problem'. We were not assured that the principal dentist understood the importance of identifying the frequency of appointments based on individual patient needs.

The practice's information leaflet and 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. 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). We will be following up on our concerns to ensure they have been put right by the provider.

Leadership capacity and capability

We found that there was ineffective leadership which impacted on the practice`s ability to suitably identify and mitigate risks related to undertaking of the regulated activities.

We noted that there was no evidence that all members of staff received an induction when they had started working at the practice. Following the inspection, the provider told us that moving forward they would ensure that all newly appointed staff received structured inductions.

Culture

Staff stated they felt respected, supported and valued. They enjoyed working in the practice.

There were no records to demonstrate that individual training needs during 1 to 1 meetings or clinical supervision had been discussed.

Monitoring of staff training was ineffective in ensuring staff received continuing professional development or in identifying if a staff member was not up to date with their required training. We noted that not all members of staff had completed training in mental capacity, autism and learning disability awareness, or regular training in basic life support and resuscitation and infection prevention and control.

The supervision and monitoring of staff working in the service was not effective, in that the provider did not identify gaps in staff`s knowledge in the areas of the management of medical emergencies.

Governance and management

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

We saw there were some processes for managing risks and issues. Improvements were needed to systems of identifying, assessing and mitigating risks in areas such as recruitment, fire safety, the management of medical emergencies and lone working.

Appropriate and accurate information

Staff did not always act on appropriate and accurate information. The registered manager did not have access to fire risk assessment reviews and the servicing documents of fire detection equipment overseen by the landlord of the building.

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

The practice could not demonstrate that they were actively seeking the views of people who used the service about their experience. When asked the registered manager told us that service users were invited to give verbal feedback. However, there was no evidence that feedback given by patients had been reviewed and analysed to identify areas of improvement.

The registered manager told us that they were encouraged to offer suggestions for improvements to the service and said these were listened to and acted on where appropriate.

Are services well-led?

Continuous improvement and innovation

The practice had some systems and processes for learning, quality assurance, continuous improvement. These included audits of patient care records, disability access, radiographs and infection prevention and control. Improvements could be made to ensure that these audits have documented learning points and the resulting improvements implemented. In addition, the practice should take action that audits of antimicrobial prescribing were undertaken.

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 Treatment of disease, disorder or injury Surgical procedures	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 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: • Systems and professes to ensure the safe use of radiography were ineffective. The provider had not notified the Health and Safety Executive (HSE) about the use of ionising radiation at the practice. The local rules were not reflective of the arrangements within the service. • Systems and processes in place to reduce the risk of fire were not effective. • The decontamination process did not reflect the Department of Health publication 'Health Technical Memorandum 01-05: Decontamination in primary dental practices' (HTM01-05). The flooring in the decontamination room was visibly stained and not impervious. • Staff failed to demonstrate an understanding of how to manage medical emergencies. The registered person had systems or processes in place that were operating ineffectively in that they failed to

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Requirement notices

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:

- The provider could not demonstrate that they had obtained satisfactory evidence of conduct in previous employment for new members of staff at the point of employment.
- Staff files did not include proof of identity with a recent photograph.

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:

- The practice did not have systems in place to ensure staff were up to date with their continuing professional development.
- The practice did not have an individual risk based approach to patient recalls taking into account the NICE guidelines.
- The practice did not have processes and systems for seeking and learning from patient feedback with a view to monitoring and improving the quality of the service.

Reg 17 (1)